

Case 3 Summary: Soft Tissue Sarcoma

History

1. 40 year old male
2. History of a growing mass, nothing else. This is often the case with soft tissue sarcomas
3. The mass is deep, large, and growing, all of which raise the suspicion of a soft tissue sarcoma
4. No Type B Symptoms
5. Otherwise well

Examination

1. The mass is easily palpable. It is large and deep.
2. No lymphadenopathy.
3. Pulses and neurological function are intact.

At this stage we have to be suspicious of a soft tissue sarcoma. The mass meets all the criteria: deep, large and growing. The next best investigation is an MRI scan. If this can be obtained in a timely fashion it can be done prior to referral, but with this story many multidisciplinary centres are happy to accept this referral as is.

Radiology

1. Heterogeneous
2. Large (>5cm)
3. Deep
4. Vascular structures preserved
5. Sciatic nerve stretched on the surface of the tumour

Management

1. This patient is best managed by a group of subspecialists working in a multidisciplinary team. Multiple areas of subspecialist expertise, including pathology and radiology, are required.
2. Placement of the biopsy tract is critical to future limb salvage as these tumours are quite transplantable. For this reason most multidisciplinary teams will perform their own biopsies.
3. Cure depends on size, grade, and depth. Most patients with soft tissue sarcoma can be cured.
4. Radiation therapy is often used for large tumours or where critical anatomical structures, such as the sciatic nerve, are close to the tumour. It can be given pre- or post-operatively.
5. Surgery should be performed by someone with appropriate expertise and who performs this kind of surgery on a regular basis.
6. Long-term follow up for metastatic disease will be required.

Final Outcome

This patient's tumour involved the sciatic nerve, indeed arising from it. It was classified as a malignant peripheral nerve sheath tumour. He received pre-operative radiation and underwent surgical resection, including the sciatic nerve. Although he wears a foot-drop splint he is functioning very well.