



THE YELLOW RIBBON

MANFRINI & PHO INSTITUTE OF SARCOMA RESEARCH

Case Brief

Patient case dossier

Name	[REDACTED]
Age	29
Gender	Female
Address	[REDACTED]
Phone Number	[REDACTED]
Diagnosis	Left Ankle Fibromyxoid Sarcoma
Date of Diagnosis	Wednesday, June 20, 2018
Procedure	Wide Local Excision of Ankle mass with talus excision in toto followed by Reconstruction using 3 D printed talus; Wide Local Excision of Gluteal Mass
Surgeon/s	Dr. Pramod S Chinder
Date of Surgery	Wednesday, June 5, 2024

Brief summary of events

Date	Events	Findings
2018	On Set of Non-Tender swelling left ankle	None
April 2024	Progressive Swelling associated with pain	None
May 2024	HCG, Bengaluru	Diffused swelling over Lateral aspect of ankle, MRI-T2 Hyperintense Lesion involving talus over Antero-Lateral aspect of ankle, Neurovascular Structures free; PETCT Synchronous Contra Lateral Gluteal Mass present; Biopsy of both site suggestive of Low Grade Fibromyxoid Sarcoma
22-05-2024	MDT Done	Since it was a low grade fibromyxoid sarcoma, it was the Board's Decision to go ahead with Surgical Management first
05-06-2024	Surgery	Wide Local Excision of Ankle mass with talus excision in toto followed by Reconstruction using 3D printed talus; Wide Local Excision of Gluteal Mass
12-06-2024	Post Op MDT	All Margins Negative, Both masses HPE low grade Fibromyxoid Sarcoma; Board decision to plan EBRT

File Uploads

PET-CT / CT / MRI / X-Ray / 3D / Planning Images

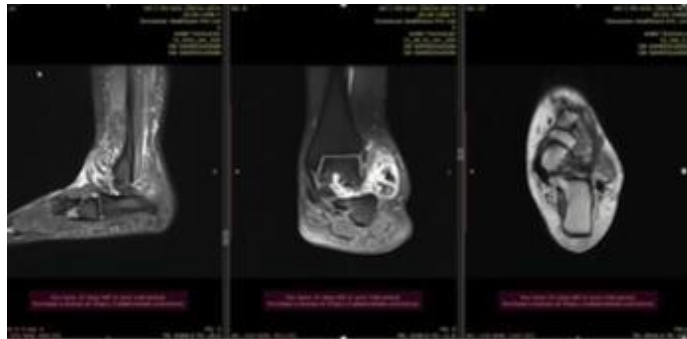
X-Ray Images



Findings

Sl.no.	Findings
1	Calcification seen in lateral soft tissue mass

MRI Images



Findings

Sl.no.	Findings
1	T2 Hyperintense lesion arising from Sustentaculum Tali Antero Laterally over the ankle measuring 4.1X3.3X5.1

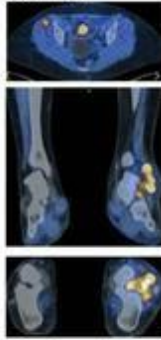
PET-CT Images

G.I tract, mesentery and peritoneum: The stomach is normal in site and size. The duodenum and jejunal loops are normal in caliber. The ileum and ileocaecal junction are normal. The colon and rectum are unremarkable. No free fluid, fluid collection or free air. No significant mesenteric lymphadenopathy.

Pelvis:
Urinary bladder is inadequately distended. Uterus and left ovary are unremarkable. Thin walled unilocular right ovarian cyst is noted measuring 6.3 x 5.6 cm. No significant pelvic lymphadenopathy.

Retroperitoneum:
The aorta and IVC are unremarkable. No significant para-aortic lymphadenopathy.

Musculoskeletal system and extremities:
There is metabolically active lobulated soft tissue lesion with coarse calcification in the lateral periarticular aspect of the left ankle displacing the extensor tendons. There contiguous extension to the subtalar joint and sinus tarsi with subtle bony erosion. There is synovial thickening in the ankle joint. The lesion measures approximately 4.1 x 3.3 x 5.1 cm. No significant left popliteal or inguinal lymphadenopathy.



PET findings:

Protocol: With the patient fasting for 3 hours, 3.5 mci of oncoview was injected intravenously and 3D PET CT scan was performed.

Increased oncoview concentration is seen in the following regions (SUV as per Body Wt)

- Soft tissue lesion in the lateral aspect of the left ankle with contiguous extension to the subtalar joint space. sinus tarsi SUV: 8.6
- 2.6 x 1.9 cm soft tissue lesion in the anterior fibers of the right gluteus maximus / medius SUV: 8.

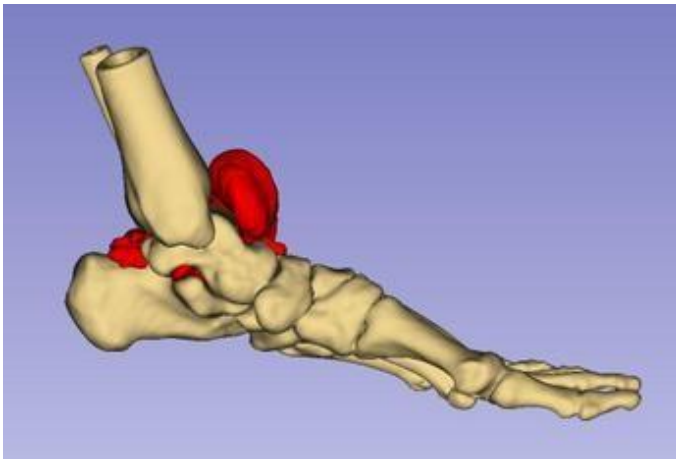
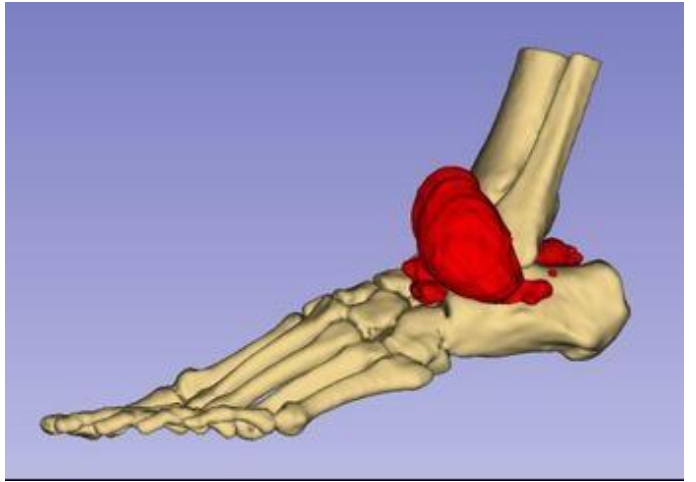
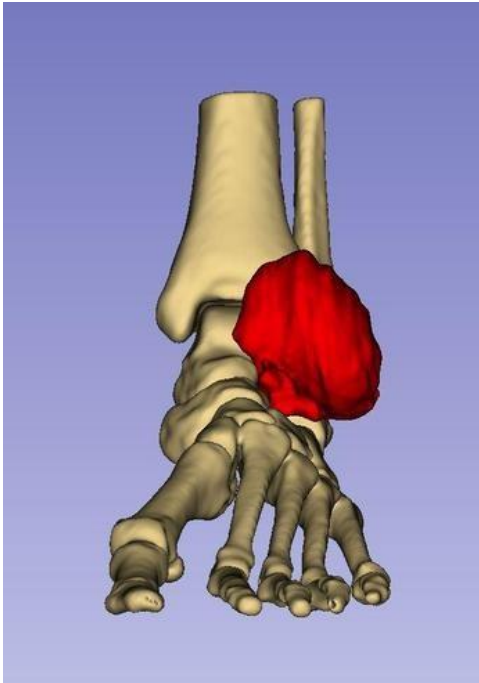
IMPRESSION: PETCT:

- 4.1 x 3.3 x 5.1 cm metabolically active lobulated soft tissue lesion with coarse calcification in the lateral aspect of the left ankle with contiguous extension to the subtalar joint space, sinus tarsi with subtle bony erosion and synovial thickening as described above - likely representing synovial sarcoma. Recommended clinical and histopathology correlation.
- No significant left popliteal or inguinal lymphadenopathy.
- No evidence of pulmonary metastases.
- 2.6 x 1.9 cm soft tissue lesion with peripheral calcification in the anterior fibers of the right gluteus maximus / medius - synchronous lesion versus sequelae of trauma. Recommended clinical and histopathology correlation.
- Thin walled unilocular right ovarian cyst- likely benign. Follow up ultrasound is recommended.
- Other CT findings as described above.

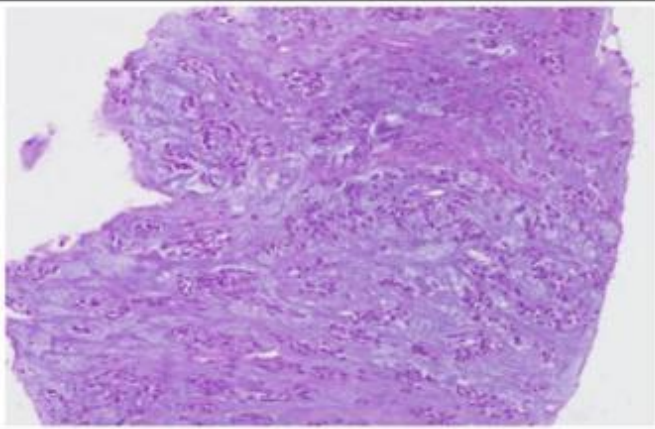


3D Images



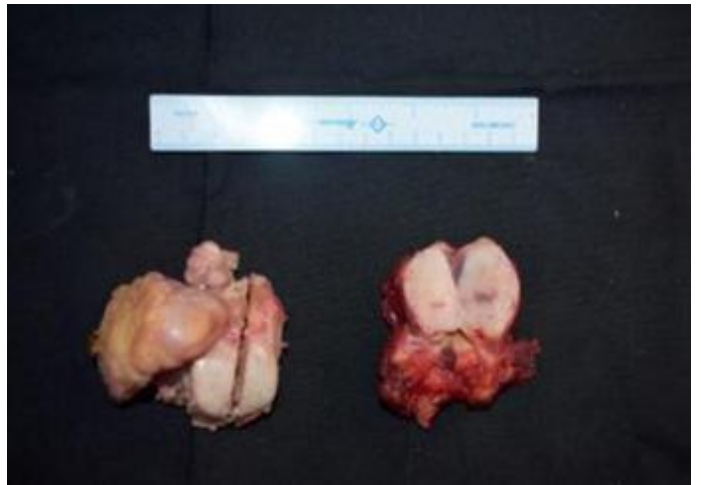
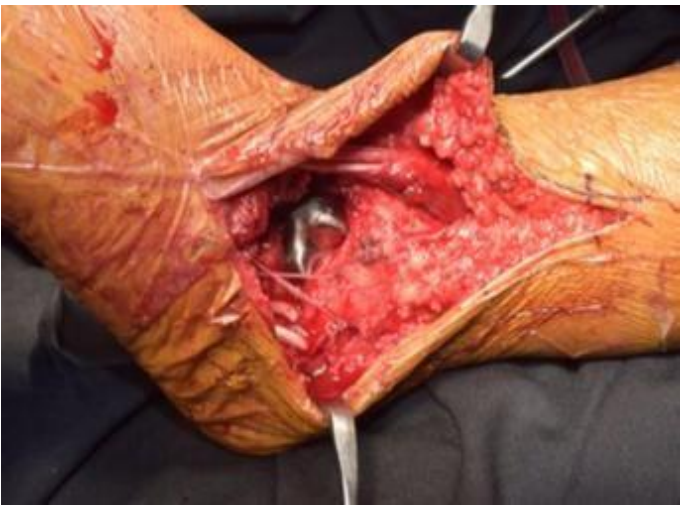


Histopathology Images



Impression: Features are of Multifocal Low-grade Fibrosarcoma of left ankle and distal regions with free margins.
Pathologic stage (8th AJCC Staging system): pT2Nx

Operative Images



Findings

Sl.no.	Findings
1	Neurovascular structures free
2	Involvement of talus bone

Post-Op Images (MRI/CT/PETCT/X-ray/Histopathology)

Microscopic description:	<p>1, 2, 3 and 4. Tabax wide local excision. Tissue from the calcaneum side, Mass posterolateral to tabax and Right gluteal mass</p> <p>Sections from all the tissue show a malignant lesion composed of collagenous hypocellular areas and more cellular myxoid nodules. The tumor cells are bland spindled, arranged in short fascicles and focal whorling pattern. Individual cells have enlarged, epithelioid to round vesicular nucleus, prominent nucleoli and moderate eosinophilic cytoplasm. Mitosis is sparse. Osseous and chondroid metaplasia also noted.</p> <p>Tumor Histologic Type: Low-grade Fibrosarcoma Tumor differentiation score: Score 1 Mitotic Rate: $0/4mm^2$ (Score 1) Necrosis (macroscopic or microscopic): Absent (Score 0) Histologic Grade (French Federation of Cancer Centers Sarcoma Group [FNCLCC]): Grade 1 (Score 2)</p> <p>Margins: Soft tissue Margins: Uninvolved by sarcoma - Distance of sarcoma from closest margin: 0.1cm from short axis of ankle lesion and 0.2cm from posterior margin of the gluteal lesion Bone resection margins: Under process Neurovascular pedicle: Cannot be assessed</p> <p>Tumor Infiltrating Lymphocytes (TILs): Non-Sitek - Cold tumor Auxiliary Studies: Ref H-10561/24 and H-12283/24 Pre-resection Treatment: No known pre-resection therapy Treatment Effect: No known pre-surgical therapy</p>
Impression:	<p>Features are of Multifocal Low-grade Fibrosarcoma of left ankle and gluteal regions with free margins Pathologic stage (8th AJCC Staging system): mpT2Nx</p>



Proposed recommendations as discussed in Multi-Disciplinary Sarcoma Tumor board

Sl.no.	Findings
1	To proceed with local radiation after wound healing

Post-Op Follow up advice

Sl.no.	Findings
1	Every 3-month MRI for first two years and every 6-month PETCT for first two years

Physiotherapy Protocol

Immobilization in a cast for 3 months walker assisted non-weight bearing mobilization.

MDT Members

Name	Department
Dr. Pramod S Chinder	Consultant Orthopaedic Oncosurgeon
Dr. Abrar Mapkar	Orthopaedic Oncosurgeon
Dr. Nithin Teja Asadi	Orthopaedic Oncosurgeon
Dr. Vishwajeet	Medical Oncologist
Dr. Haseeb	Radiation Oncologist
Dr. Shivakumar	Radiologist
Dr. Veena	Onco Pathologist

Vetted By:

Tejas B R
Data Analyst

Kumar Sukrit
Medical Design Engineer

Checked By:

Dr. Abrar Mapkar
Orthopaedic Oncosurgeon

Dr. Nithin Teja Asadi
Orthopaedic Oncosurgeon

Dr. Arjun V H
Orthopaedic Oncosurgeon

Signed By:

Dr. Pramod S Chinder
Consultant Orthopaedic Oncosurgeon