



# THE YELLOW RIBBON

MANFRINI & PHO INSTITUTE OF SARCOMA RESEARCH

## Case Brief

### Patient case dossier

Name	[REDACTED]
Age	54
Gender	Male
Address	[REDACTED]
Phone Number	[REDACTED]
Diagnosis	Reccurent Low Grade Myxofibro Sarcoma of Left Forearm with encasement of ulnar nerves and ulnar artery
Date of Diagnosis	Thursday, November 19, 2020
Procedure	Wide Local Excision with neurolysis of the ulnar nerve with insertion of catheter for brachytherapy
Surgeon/s	Dr. Pramod S Chinder
Date of Surgery	Thursday, September 19, 2024

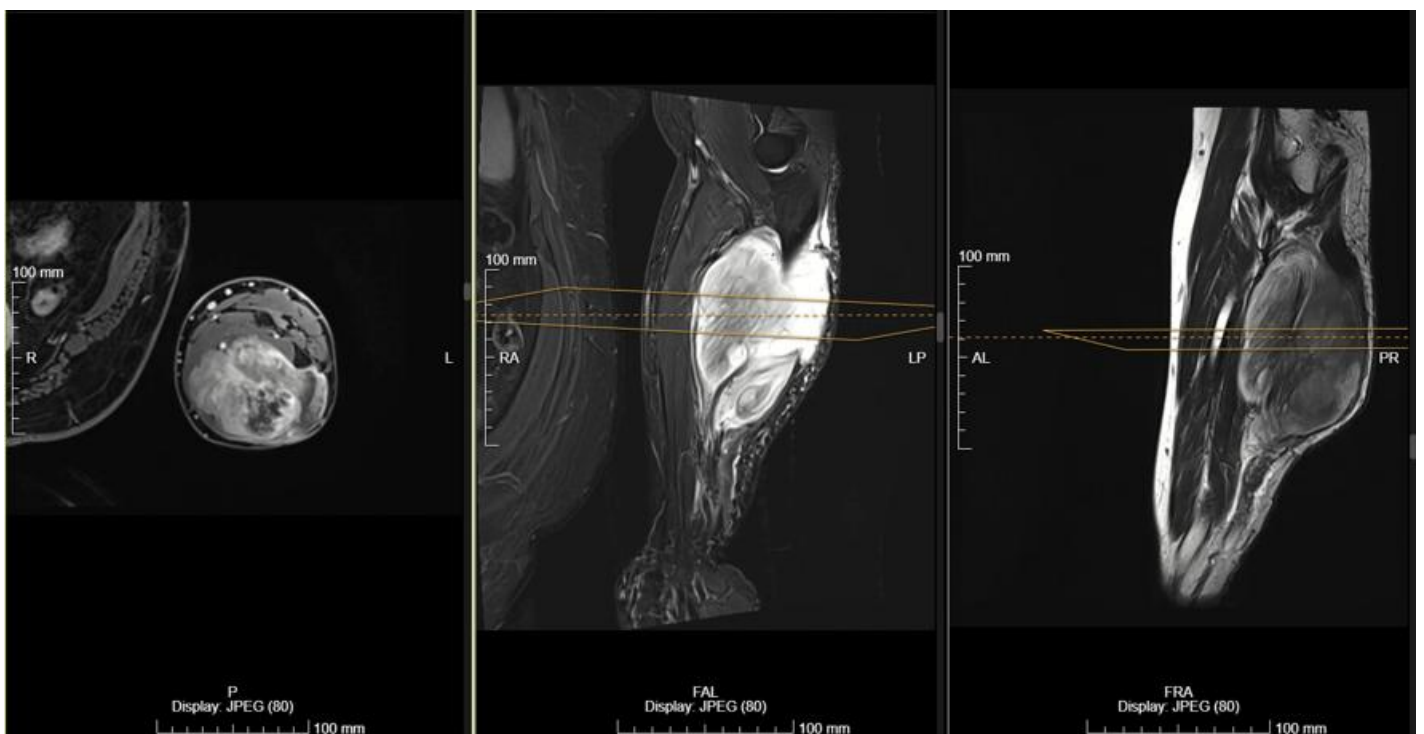
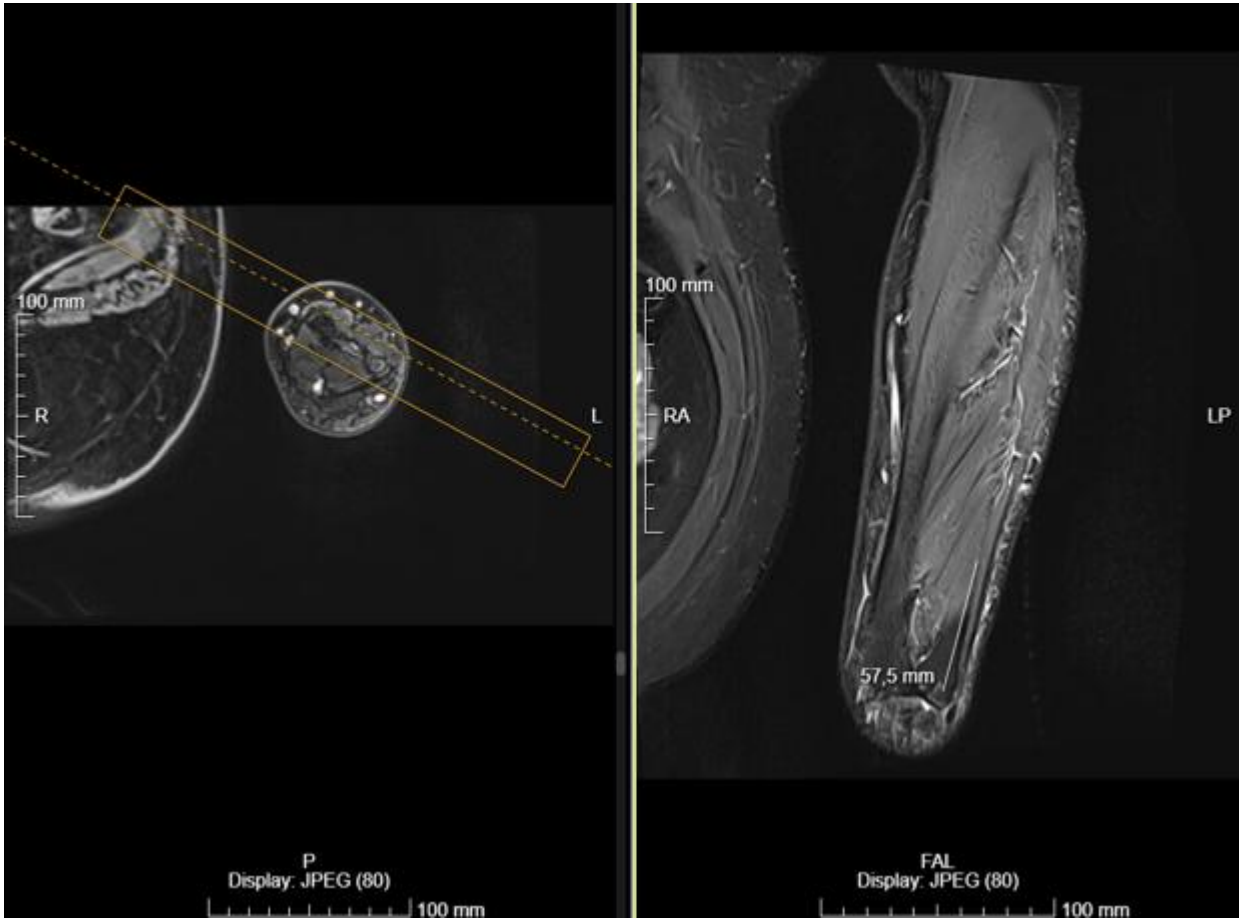
## Brief summary of events

Date	Events	Findings
2021	First diagnosed	History of swelling over the left forearm which was evaluated and found to have low grade myxifibro sarcoma for which he underwent surgery.
11-09-2024	HCG, Bengaluru	Increase in size of swelling with recurrence and also pain in left forearm since past 6 months
14-09-2024	HCG, Bengaluru	After clinico-radiological evaluation, and biopsy the patient was found to have recurrence with ulnar nerve encasement
19-09-2024	Surgery, HCG	Wide Local Excision with neurolysis of ulnar nerve with insertion of catheter for brachytherapy

# File Uploads

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

## MRI Images



**IMPRESSION:**

- **9.2 x 6.9 x 14.2 cm ill-defined heterogeneously enhancing lesion involving the muscular plane of flexor aspect of proximal half of the left forearm involving the flexor muscles with relative sparing of the brachioradialis muscle with partial encasement of the ulna, ulnar vessels and complete encasement of the ulnar and median nerves - suggestive of residual disease.**
- **Other MRI findings as described above.**

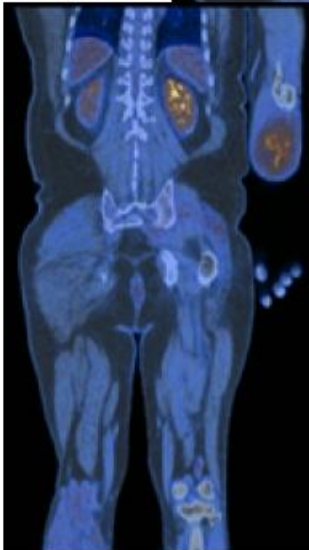
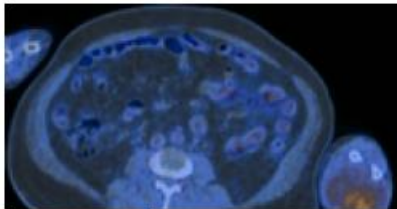
**When compared to previous MRI scan dated 10.08.2024, there is mild interval increase in the size of the lesion.**

Date	Findings
14-09-2024	IMPRESSION: 9.2 x 6.9 x 14.2 cm ill-defined heterogeneously enhancing lesion involving the muscular plane of flexor aspect of proximal half of the left forearm involving the flexor muscles with relative sparing of the brachioradialis muscle with partial encasement of the ulna, ulnar vessels and complete encasement of the ulnar and median nerves - suggestive of residual disease.

**IMPRESSION: PETCT:**

- 7.5 x 8.1 x 11.5 cm heterogeneously enhancing intramuscular mass lesion in the proximal ventral left forearm, suggestive of recurrent neoplasm.
- 5 mm left upper lobe lung nodule with few other scattered bilateral lung nodules, of concern for metastases.
- Other CT findings as described above.

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of 11.5 cm.  
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l in the spine.

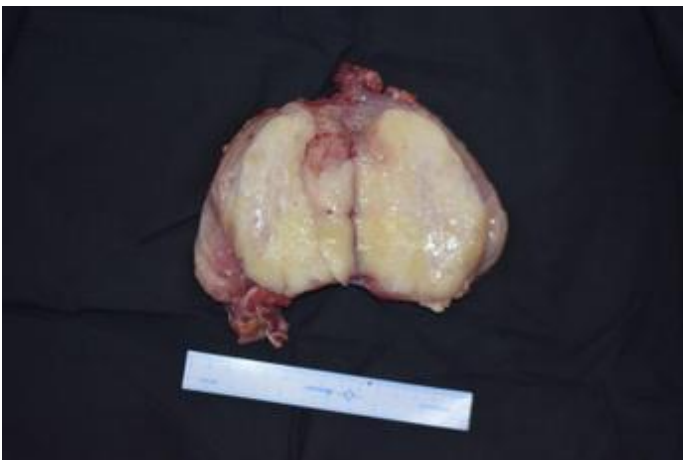
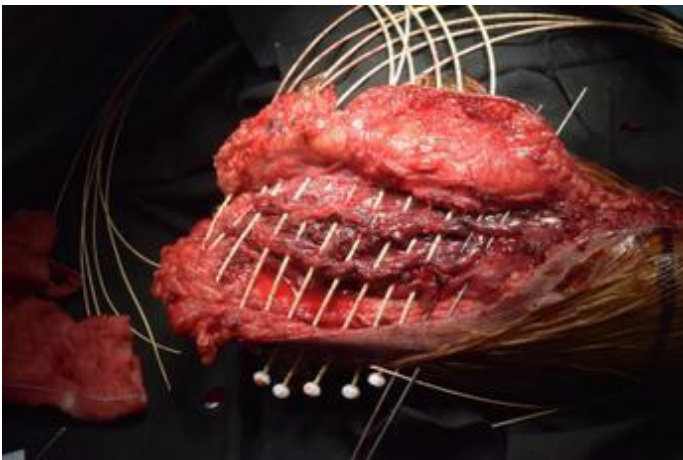
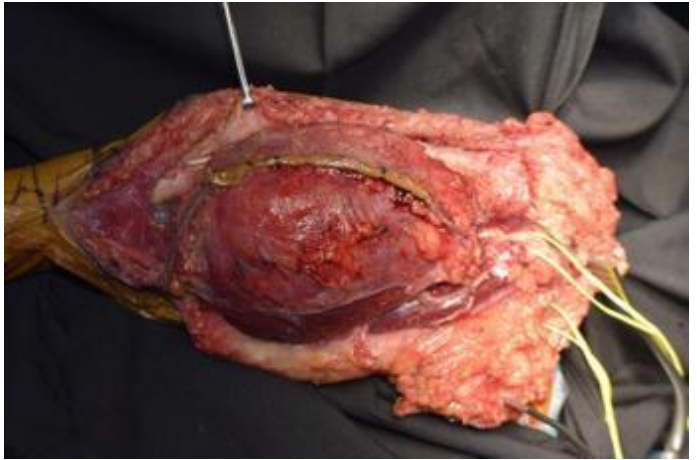
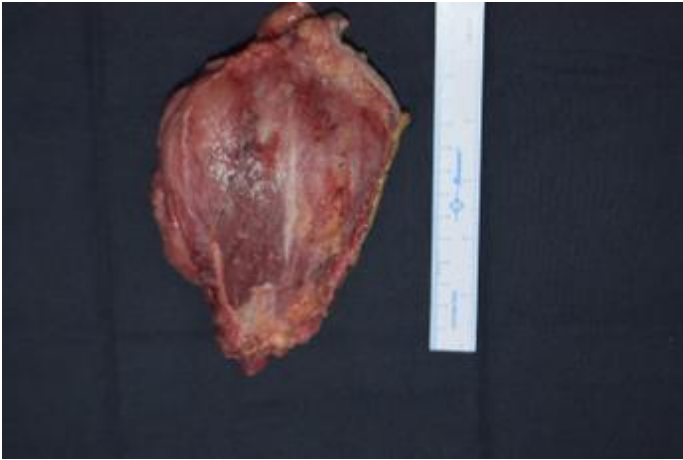


muscular mass lesion in  
recurrent neoplasm.

scattered bilateral lung

Date	Findings
11-09-2024	IMPRESSION: 7.5 x 8.1 x 11.5 cm heterogeneously enhancing intramuscular mass lesion in the proximal ventral left forearm, suggestive of recurrent neoplasm.
11-09-2024	IMPRESSION: 5 mm left upper lobe lung nodule with few other scattered bilateral lung nodules, of concern for metastases.

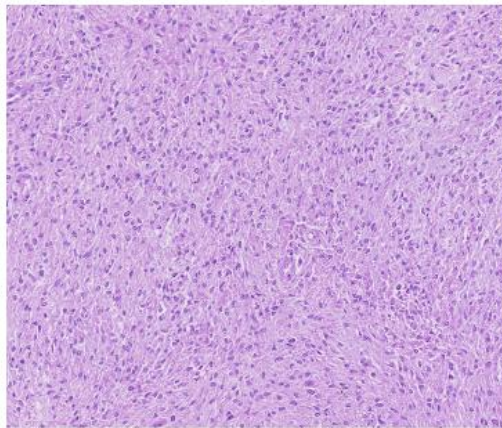
Operative Images



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

<b>Impression:</b>	Features are of a Low grade Fibromyxosarcoma of left forearm. <b>Pathologic stage (8<sup>th</sup> AJCC Staging system):</b> pT2N0
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<b>Comments:</b>	<p><b>Note:</b></p> <ul style="list-style-type: none"> <li>· The internal and/or external controls have been found to be satisfactory</li> <li>· For samples/ FFPE blocks received for IHC from outside, nature of fixative and fixation time are not available</li> <li>· This test has not been validated on decalcified tissues/ alcohol fixed tissue.</li> <li>· This report is based on tissue / block submitted.</li> <li>· Slides (H&amp;E) and FFPE block will be issued after 2 days of release of report.</li> <li>· Reporting is done on Digital pathology images (WSI) &amp; / or Microscopy.</li> <li>· Digital slide images are available on request.</li> </ul> <p>Details on <b>CLONES</b> will be available on request</p>
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Date	Findings
19-09-2024	IMPRESSION: Features are of a Low grade Fibromyxosarcoma of left forearm. Pathologic stage (8th AJCC Staging system): pT2N0

### Physiotherapy Protocol

Active limb elevation, Active shoulder and wrist and finger mobilization as tolerated.



**MDT Members**

Name	Designation
Dr. Pramod S Chinder	Consultant Orthopaedic Oncosurgeon
Dr. Nithin Teja Asadi	Orthopaedic Oncosurgeon
Dr. Abrar Mapkar	Orthopaedic Oncosurgeon
Dr. Arjun V H	Orthopaedic Oncosurgeon
Dr. Haseeb	Radiation Oncologist
Dr. Premitha	Radiation Oncologist
Dr. Vishwajeet Pai	Medical Oncologist
Dr. Veena	Onco Pathologist

Vetted By :

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Medical Design Engineer

Checked By :

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Orthopaedic Oncosurgeon

Dr. Abrar Mapkar  
Orthopaedic Oncosurgeon

Dr. Arjun V H  
Orthopaedic Oncosurgeon

Signed By :

Dr. Pramod S Chinder  
Consultant Orthopaedic Oncosurgeon