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Myxofibrosarcoma presenting as large asymptomatic mass upper back

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Abstract
This paper focuses on non-formal education as an antidote for containing illicit drugs in Anambra State, Nigeria. The study plans to contribute knowledge with regard to curbing illicit drugs. The study starts with an introduction and discusses certain concepts as well as non-formal education programs thatuld be used to contain illicit drugs. Also, implications, the way forward, and a conclusion were made.
on non-formal education as an antidote for containing illicit drugs in Anambra State, Nigeria. The study plans to contribute knowledge with regard to curbing illicit drugs. The study starts with an introduction and discusses certain concepts as well as non-formal education.

Keywords: Soft tissue sarcomas, myxofibrosarcoma

Introduction

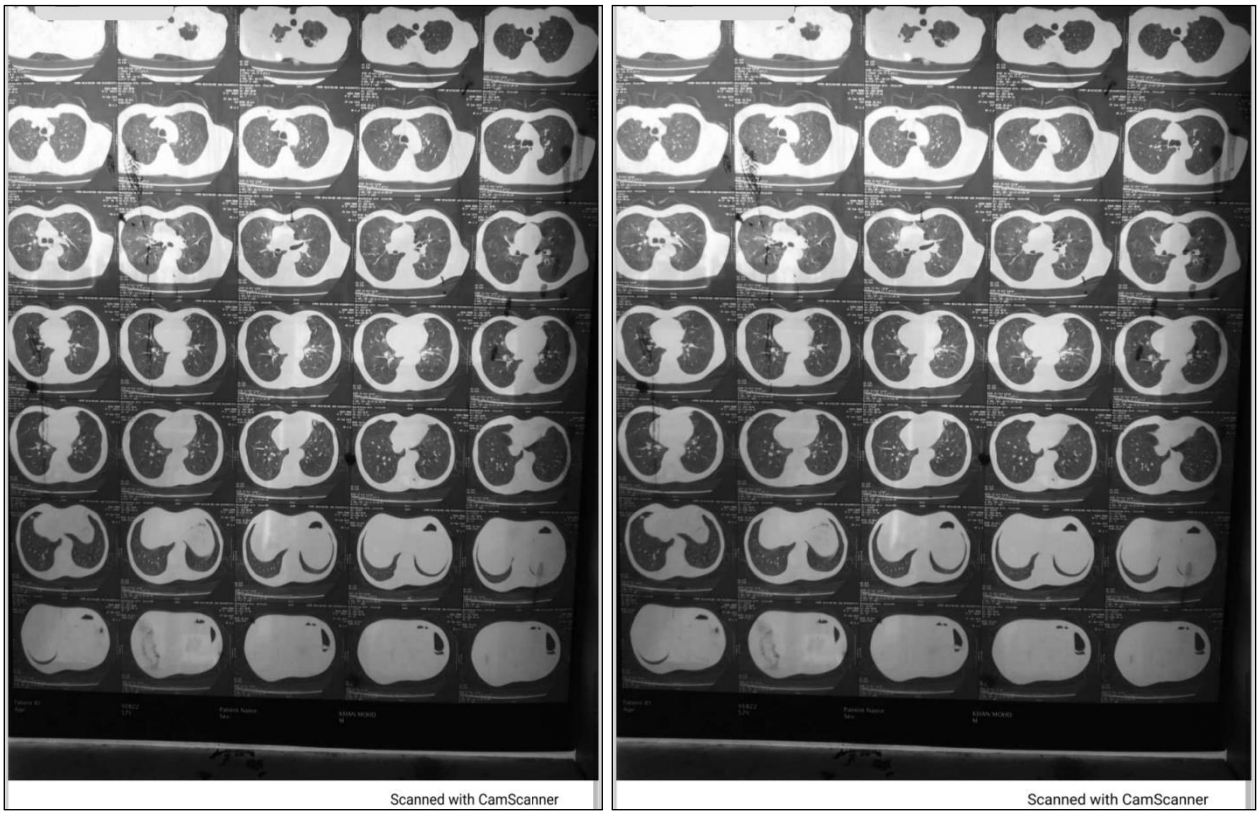
Sarcomas are tumors that arise from the embryonic mesoderm and can occur on any site on the body.
Soft tissue tumors can be present on extremity (59%), the trunk (19%), the retroperitoneum (15%), or the head and neck (9%).
A soft tissue mass can be lipoma, lymphangioma, leiomyoma and neuroma. It can also be malignant as primary or metastatic carcinoma, melanoma, or lymphoma.

Case report

This case report describes the presentation diagnostic and treatment of a myxofibrosarcoma in a 57 years old male. The patient presented to the OPD with a painless swelling over the left side of the back, which had been slowly increasing in size over the past one year. Physical examination revealed a non-tender swelling me approximately 11 cm ×5cm, extending medially upto medial border of left scapula.

Baseline investigations and imaging studies were done. Ultrasonography showed evidence of a well defined heterogenous lesion measuring approximately 10.5 * 4.8 cm in size, showing internal vascularity on cdfi on left side of back in subcutaneous plane.

Computed tomography. showed presence of large well circumscribed, heterogenous enhancing lesion in left infrascapular region with no distinct fat plane with the adjacent infraspinatus muscle and anteriorly with latismuss dorsi with involvement of infraspinatus muscle. no calcification seen, no adjacent bony erosion seen FNAC of the swelling was done and it showed high cellularity comprising of large clumps of oval to spindle cells in a myxoid background with curvilinear blood vessels, moderate degree of nuclear atypia present no necrosis identified suggestive of myxofibrosarcoma.



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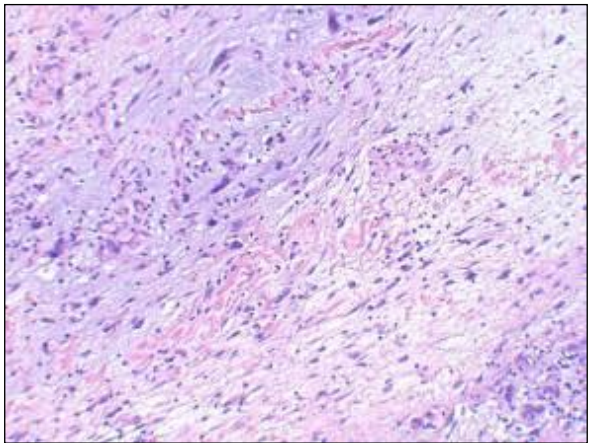

Patient was taken for surgery under general anaesthesia in prone position. The patient underwent wide local excision of the tumour with margin of 2 cm.

After the tumour was excised skin was suture with 1-0 silk, two suction drains were kept one in the axilla and the other below the incision. One drain was removed on post-operative day 2 and axillary drain was removed on post-operative day 4. Sutures were removed on 14th post-operative day

Histopathology of biopsy showed clear margins all around, with distance of 2cm from tumor at all margins. It was a low grade myxofibrosarcoma.
Other differential diagnosis was Neurofibrosarcoma, so Immunohistochemistry was done.
It was confirmed to be low grade myxofibrosarcoma.
Patient recovered uneventfully

Discussion

Myxofibrosarcoma posses diagnostic challenges due to its variable, clinical presentation and histological features often mimicking benign lesions. Histopathological examination remains the gold standard for diagnosis. Treatment typically involves surgical excision with wide margins to minimise the risk of local recurrence, supplemented by advent radiotherapy in high risk cases.

Conclusion

This case underscores the importance of considering myxofibrosarcoma in the differential diagnosis of soft tissue masses, particularly in middle aged and elderly individuals. Timely diagnosis and regular follow-up are crucial for achieving favourable outcome and preventing disease, re-occurrence.

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