Delayed diagnosis of spindle cell sarcoma presenting as a large mass on the back

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DESCRIPTION

A 71-year-old Caucasian man had a mass detected at a routine outpatient medical follow-up for his rheumatoid arthritis. He reported at least a decade-long history of this mass, with a 2-year history of rapid increase in growth associated with a loss of body weight (10%). His other significant history included stable heart disease and chronic obstructive pulmonary disease (COPD). On examination, the mass was 20×20 cm in size, irregular, hard and vascular with superficial ulceration.

Potential differential diagnoses considered, given the history and examination findings, included metastatic carcinoma, melanoma, lymphoma and sarcoma.

Punch biopsies of the ulcer site provided a diagnosis of deeply invasive, high grade, CD34 negative, spindle cell sarcoma with a haemangiopericytoma pattern but no specific differentiation. CT imaging indicated local extension into the back muscles with displacement of the adjacent kidney and spleen (figure 1). No evidence of metastatic disease was evident on CT imaging. The patient declined all treatment apart from palliative radiotherapy (38.5 Gy in 11 fractions). The picture above (figure 2) was on the last day of treatment; this was the palliative care team’s (including the author) first encounter with the patient. When questioned on his delayed presentation, the patient informed us that 10 years ago he was informed by a surgeon that the mass was benign and that no other treatment could be offered.

Sarcomas are a rare and heterogeneous group of malignant tumours with the majority occurring in the extremities (18% in the torso).1 Sarcomas are often diagnosed late and delayed diagnosis leads to a larger tumour at presentation.2 Patients with larger sarcomas at diagnosis have been shown to have a lower 5-year survival (33%) for tumours >15 cm.3 The patient died from an exacerbation of his COPD 1 week postcompletion of radiotherapy, after a short hospice admission.

The combination of a high histological grade tumour and delayed diagnosis likely accounted for a poorer outcome in this patient.

Learning points

▸ Sarcomas are rare and often diagnosed late, leading to poorer prognosis.
▸ To aid early diagnosis, the presence of any of the following should prompt urgent referral in a patient with a soft tissue mass:2 4
  – Size greater than 5 cm (bigger than a golf ball);
  – Pain;
  – Increase in size;
  – Recurrence after previous excision;
  – Extends deep to the muscle fascia.

Competing interests None declared.

Patient consent Obtained.
REFERENCES


4 Sinha S, Peach AH. Diagnosis and management of soft tissue sarcoma. BMJ 2010;341:c7170.