Extraskeletal myxoid chondrosarcoma of ankle. Case report and literarute review.

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INTRODUCTION:

Extraskeletal myxoid chondrosarcoma are extremely rare sarcoma. Current understanding is focused on resection with clear margin and adjuvant radiotherapy. We aimed to report a medium term outcome of extraskeletal myxoid chondrosarcoma in a young adult.

REPORT:

A twenty-five-year-old gentleman presented with painless swelling over left ankle for one years, which was progressively increasing in size. He was able to ambulate effortlessly, and otherwise no remarkable history.

Examination showed multinodular, firm, painless swelling over posteromedial left ankle. Magnetic resonance imaging revealed multilobulated intramuscular lesion over posterior aspect of left ankle, abutting tibial nerve and posterior tibial artery.

Trucut biopsy confirmed extraskeletal mxyoid chondrosarcoma. No distal metastasis was seen in staging.

A limb salvage surgery performed with planned marginal resection of the mass. Intraoperatively, the tumour mass was seen located between tibia and Achilles' tendon with very close margin to posterior tibial nerve and artery.

HPE confirmed the diagnosis with focal positive margin. Patient was then scheduled for adjuvant radiotherapy for 33 fractions.

Postoperatively, patient was able to ambulate independently with full ankle motion. Small wound breakdown noted during radiotherapy healed well with dressing. No recurrence was observed at 20 months follow up.

Figure 1: Magnetic resonance imaging showing posteromedial ankle mass, extending to posterior compartment of leg

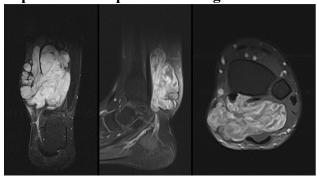


Figure 2: Clinical photos showing the mass's location, size, and adjacent structures



CONCLUSION:

Unlike conventional chondrosarcoma, extraskeletal myxoid chondrosarcoma has better local control after radiotherapy especially if the margins are not adequate.

REFERENCES:

1. Gundle, K. R., Kafchinski, L., Gupta, S., Griffin, A. M., Dickson, B. C., Chung, P. W., . . . Ferguson, P. C. (2018). Analysis of Margin Classification Systems for Assessing the Risk of Local Recurrence After Soft Tissue Sarcoma Resection. Journal of Clinical Oncology, 36(7), 704-709. doi:10.1200/JCO.2017.74.6941