

Pathological Fracture in Solitary Fibrous Tumor

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INTRODUCTION:

Solitary fibrous tumors (SFT) are uncommon sarcoma types from mesenchymal origin and characterized by NAB2-STAT6 gene fusion. It was first described by Klemperer and Rabin in 1931 as a mesenchymal tumor that tends to arise in pleura. Frequently, extra thoracic SFT occurs in soft tissues of proximal limbs, retroperitoneum, pelvic fossa, head and neck, and rarely originates from bone. This is one of the case reports of solitary fibrous tumor with lung metastases which occurred 5-25% of cases.

REPORT:

He is a 32 years old gentleman presented with pain of left hip after a trivial fall. He sustained close intertrochanteric fracture left femur and underwent an operation at another center. During follow up 1 month after the injury, x-ray showed lytic lesion on fracture site. He underwent several investigations. MRI and biopsy were performed. Histopathological results showed SFT. CT Thorax showed lung metastasis. He underwent wide resection and prosthesis of femur. During follow up 1 year after the surgery, no local recurrence and no further changes on CT scan.

CONCLUSION:

The behavior of SFT has been difficult to predict and unlike other sarcoma grading that can be done with FNCLCC, it is not applicable to SFT. The risk stratification is used to predict metastatic risk in SFT. Presentation of pathological fracture in SFT can cause risk of metastases is higher regardless of the risk stratifications.

REFERENCES:

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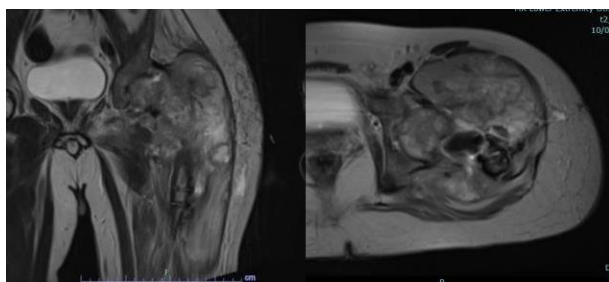


Figure 1: MRI of left hip