A Nasty Tumour 2, What is next?

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INTRODUCTION:

Epithelioid sarcoma (ES) is a very rare high grade soft tissue sarcoma with less than 1% of cases.[1] The treatment includes wide excision, chemotherapy,radiotherapy and immunotherapy.

REPORT:

A 32-years-old male presented with left axilla and right calf swelling 4 years ago. He underwent multiple surgeries, repeated cycles of chemotherapy and palliative radiotherapy. After 2 years, a blackish ulcer appeared over the scalp.

Recently he had right above knee amputation and forequarter amputation of left upper limb for the progressive growing mass with ulceration, for palliative purpose.

Furthermore, he developed multiple brain metastasis, new lesions at left lateral chest wall and right quadratus lumborum. CT Thorax showed nodules at right pleural and cavitating lesion with recurrent pneumothorax.

Multidisciplinary team evaluation (MDT) decided for palliative radiotherapy as patient refused further chemotherapy.

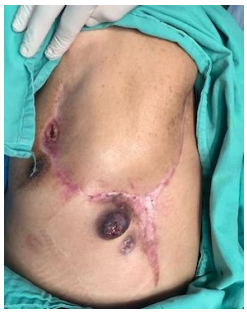

Figure 1: New lesion at previous amputation site

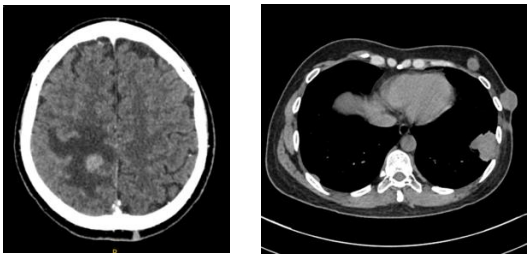

Figure 2: MRI images showing new metastases

CONCLUSION:

Managing ES is challenging as it has significant recurrence rate and metastases.[2] Time to time MDT discussion which is needed to ensure the treatment plan is optimized.

Surgical resection can be curative, with adjuvant radiotherapy to decrease the rate of recurrence.

Chemotherapy is used as perioperative in large tumour or as palliative treatment in patients with metastases.

Doxorubicin with ifosfamide is the most commonly with other combinations like gemcitabine with docetaxel.

Immunotherapy like tazemetostat may be an alternative option for patients with metastatic ES.

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