Cervical Synovialosarcoma: Case Report and Review of the Literature

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Introduction

Sarcomas of the head and neck region are a rare and diverse group of neoplasms and only account for less than 1% of all neoplasms that occur in this area. Herein we describe a case of neck synovial sarcoma.

Case presentation

A 32-year-old girl with no significant past medical history, presented with a 6-month history of cervical mass. Physical examination revealed a right cervical mass (8cm).

Initial TDM++++ () revealed a right cervical mass.

The patient underwent near total tumor resection; encapsulated 7 cm _ 4, 5 cm_ 3 cm mass was resected. Histopathological examination showed a hypercellular tumoral tissue with monophasic pattern .Immunohistochemical study revealed cytokeratin and EMA positively in the epithelial component and diffuse PS100 positivity.

External beam radiation therapy was performed using 6 MV X-rays from a linear accelerator, with daily fraction of 2 Gy, 5 fractions per week and a total dose of 70 Gy was delivered. The spinal cord was excluded from the radiation fields after 40Gy.

Discussion

Synovial sarcomas of the head and neck region are extremely rare, accounting for only less than 10% of all head and neck soft tissue sarcomas. This soft tissue neoplasm generally does not originate from synovial tissue and probably originates from the pluripotent mesenchymal cells. About 100 cases of the synovial sarcoma of the head and neck region have been reported in the international literature. Microscopically, the classic form of the synovial sarcoma has biphasic pattern composed of two cell population: epithelial cells and spindle cells.
Special immunohistochemical stains and cytogenetic studies can help in confirming the diagnosis.

Standard local therapy for Synovial sarcoma follows the general principles of soft tissue sarcoma treatment with wide surgical resection and adjuvant radiotherapy when appropriate, with or without adjuvant chemotherapy. Combined modality therapy of this aggressive tumor yields better results; however, the 5-year survival rate of these patients is poor and ranges from 25% to 55%. Local or distant failure is seen in the approximately 80% of cases. Lung is the most common site of metastases.

The size of primary tumor, histological grade, age, sex, adequacy of surgery, status of surgical margins, and radiation dose are prognostic indicators.

Conclusion

Synovial sarcoma of the head and neck is extremely rare. Standard local therapy is surgical resection and adjuvant radiotherapy when appropriate, with or without adjuvant chemotherapy. The prognosis is poor.