

Alveolar soft-part sarcoma with synchronous bone metastasis: Rare manifestation of one of the least common soft-tissue sarcomas

Dear Editor,

Alveolar soft-part sarcoma (ASPS) is one of the least common soft-tissue sarcomas. It is of particular clinical significance because of the high prevalence of metastases and its microscopic appearance, which may be mistaken for metastatic renal, adrenal, hepatocellular carcinoma, paraganglioma, or alveolar rhabdomyosarcoma¹.

It accounts for approximately 0.5%-1% of all soft tissue sarcomas and affects mainly adolescents and young adults².

The tumour is generally considered to be malignant and originate in soft tissue, most commonly in the deep tissues of the extremities³. Metastasis may be delayed but eventually occurs in virtually all cases and involves lung, bones, and brain in that order of frequency³. Synchronous metastases are detected in 20% to 25% of cases⁴.

ASPS show a high incidence of around 30% of brain metastases, being at least 3 times higher than that of other soft tissue sarcomas⁵.

We report a 39-year-old Caucasian woman who appeared with painless progressively enlarging tumour on the upper third of the right shin. The preoperative tissue diagnosis (incisional biopsy) was alveolar soft-part sarcoma. Magnetic resonance imaging of the whole body revealed a 7cm tumour lesion in the posterior compartment of the right calf and bone metastasis in the tibia (Figure 1). Above the knee amputation was performed. The patient recovered uneventfully and arranged for follow-up visits every three months. She is doing well 4 years after the intervention. ASPS are indolent but have a high propensity for metastases. Early diagnosis and complete excision of the small primary tumour are essential in the treatment of alveolar soft-part sarcomas, while adjuvant chemotherapy and /or radiotherapy are disputed.

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Conflict of interest

None declared.

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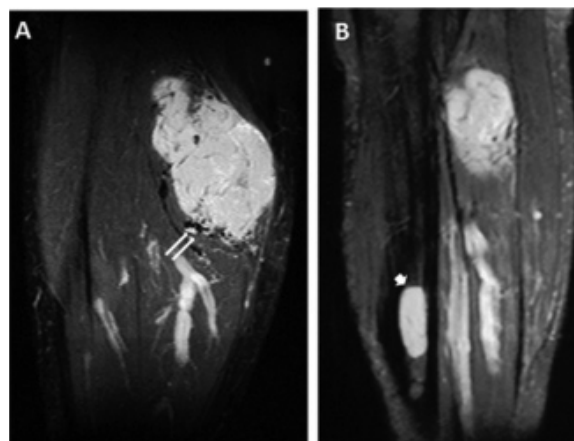


Figure 1: Coronal (A) and sagittal oblique (B) T1 weighted images after intravenous gadolinium administration reveal a 7 cm tumour lesion (arrows) in the posterior compartment of the right calf and a bone metastasis in the tibia (arrow-head).