ORIGINAL RESEARCH PAPER
Volume - 12 | Issue - 02 | February - 2023 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

A RARE CASE OF MESENTRIC SOLITARY FIBROUS TUMOR

General Surgery

Dr. Guvvala Venkataramana Reddy*	Associate professor in general Surgery, SVS Medical College, Mahabubnagar. *Corresponding Author
Dr. Dussa Prashanth	Resident in general Surgery, SVS Medical College, Mahabubnagar.
Dr. Dade Soumya	Resident in general Surgery, SVS Medical College, Mahabubnagar.
Dr Santhosh Kumar Vardhaman	Resident in general Surgery, SVS Medical College, Mahabubnagar.

ABSTRACT

Introduction: Solitary fibrous tumor (SFT) is a rare mesenchymal neoplasm and accounts for less than 2% of all soft tissue tumors. Although SFT's are well described in literature, those arising from mesentery are very rare. **Case Report:** A 38yr old male patient complaints of mass in the left abdomen since 12yrs. Radiological investigations shows it as a mass arising from small bowel mesentery. En bloc resection of the tumour with clear negative margins was done. HPE was reported as solitary fibrous tumour arising from small bowel mesentery. **Discussion:** Mesenteric SFT is a rare entity. SFT'S are usually benign and remains asymptomatic unless they place pressure on adjacent tissues, making them hard to detect. Both CT and MRI can help diagnose SFT, however a definitive diagnosis relies on immunohistopathology in which STAT6 and CD34 are used as highly specific markers. In some instances, SFT's show malignant features and invasion of surrounding tissues. Therefore, complete surgical resection with intact borders is recommended. **Conclusion:** here we report an extremely rare case of mesenteric solitary fibrous tumor. treatment is complete surgical resection of tumor with clear margin. Long-term follow-up is mandatory due to high risk of recurrence and distant metastasis.

KEYWORDS

Solitary fibrous tumour (SFT), Mesenchymal, Mesentery.

INTRODUCTION:

Solitary Fibrous Tumor (SFT) is a rare Mesenchymal Neoplasm and accounts for less than 2% of all Soft Tissue Tumors. SFT usually involves the Pleura and less frequently soft tissues and other visceral and parenchymal organs including CNS. Although SFT's are well described in literature, those arising from mesentery are very rare.

CASE REPORT:

A 38yr old male patient complaints of Mass in the left abdomen which is gradually increasing in size since 12 yrs. On clinical examination irregular mass of size 10*12 cm occupying left hypochondrium, left lumbar regions which is non tender, firm showing restricted mobility and it does not move with respiration. All laboratory investigations were with in normal limits. CECT abdomen showed a poorly enhancing circumscribed homogenous soft tissue mass with smooth margins noted in left lumbar region partially extending into left iliac fossa and left hypochondrium measuring approximately 11.5*10.6*9.7 cm. He underwent enbloc resection of tumor along with a portion of small bowel and mesentery. HPE of the resected mass was reported as Mesenteric Solitary Fibrous Tumor. Cut section of the mass shows homogenous grey white to focal grey brown areas. Microscopic picture was that of a pattern less fibroblastic spindle cells in a hyalinized collagen matrix. On immunohistochemical staining tumor was positive for CD34 and CD99 and BCL-2. No adjuvant therapy was administered and the patient made an uneventful recovery.

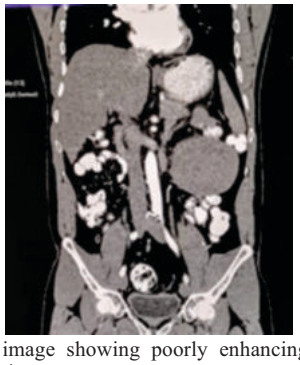

Fig1: CT scan image showing poorly enhancing circumscribed homogenous soft tissue mass

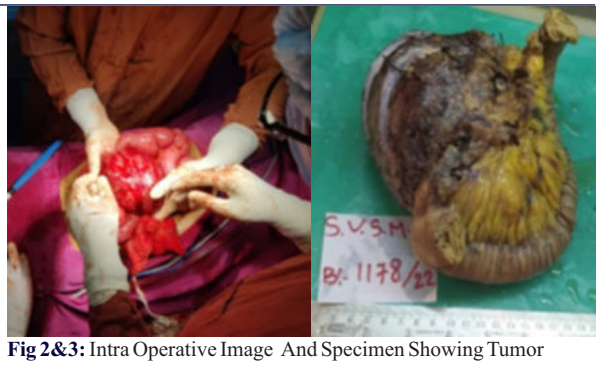

Fig 2&3: Intra Operative Image And Specimen Showing Tumor

Fig 4&5: Gross Specimen Cut Open And Histopathology View

DISCUSSION:

Solitary Fibrous Tumor most commonly arises from pleura. Mesenteric SFT is however a rare entity. SFT are characterized by high fibrosity and hypervascularity. SFT'S are usually benign and remains asymptomatic unless they place pressure on adjacent tissues, making them hard to detect. Both CT and MRI can help diagnose SFT, however a definitive diagnosis relies on immunohistopathology in which STAT6 and CD34 are used as highly specific markers. Histologically it is characterized by fibroblastic spindle cell proliferation arranged in pattern less fashion in a collagenous stroma. In some instances, SFT's

show malignant features and invasion of surrounding tissues. Therefore, complete surgical resection with intact borders is recommended. Recurrence may occur even 20yrs after treatment, long term surveillance may be beneficial. The important D/D are mesenteric desmoid, GIST, spindle cell tumors, hemangiopericytoma, fibrous histiocytoma, dermatofibrosarcoma. Immunohistochemical detection of CD34 and CD99 and BCL-2 was helpful in differentiating SFT from other spindle cell tumors.

CONCLUSION:

Here we report an extremely rare case of mesenteric solitary fibrous tumor. Treatment is complete surgical resection of tumor with clear margin. Long term follow up is mandatory due to high risk of recurrence rate and distant metastasis.

REFERENCES:

1. Chiroque L, Arenas J, Luyo-Rivas A. [Solitary fibrous tumour confined to the small bowel (ileum) mesentery]. Rev Gastroenterol Mex 2013; 78: 259–260.
2. Val-Bernal JF, Mayorga M, Fernandez F, et al. Solitary fibrous tumour arising from the mesentery of adult patients. Report of two cases and review of the literature. Rom J Morphol Embryol 2014; 55: 203–207. -
3. Zhang WD, Chen JY, Cao Y, et al. Computed tomography, and magnetic resonance imaging findings of solitary fibrous tumours in the pelvis: correlation with histopathological findings. Eur J Radiol 2011; 78: 65–70.
4. Ma L, Wang L, Fang X, et al. Diagnosis and treatment of solitary fibrous tumour/hemangiopericytoma of central nervous system. Retrospective report of 17 patients and literature review. Neuro Endocrinol Lett 2018; 39: 88–94.
5. Haas RL, Walraven I, Lecointe-Artzner E, et al. Radiation therapy as sole management for solitary fibrous tumours (SFT): a retrospective study from the Global SFT Initiative in collaboration with the Sarcoma Patients EuroNet. Int J Radiat Oncol Biol Phys 2018; 101: 1226–1233.
6. Stacchiotti S, Marrari A, Dei Tos AP, et al. Targeted therapies in rare sarcomas: IMT, ASPS, SFT, PEComa, and CCS. Hematol Oncol Clin North Am 2013; 27: 1049–1061.