



ORIGINAL RESEARCH PAPER

Oncology

LEIOMYOSARCOMA SOFT PALATE

KEY WORDS:

Leiomyosarcoma, Soft palate, Rare Neoplasm

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ABSTRACT

Leiomyosarcoma of soft palate accounts less than 1% of all Leiomyosarcoma cases. Leiomyosarcoma is an uncommon malignant spindle cell tumor of head and neck region. The occurrence of Leiomyosarcoma is rare in soft palate. Leiomyosarcoma is rapidly growing tumor and known to have poor prognosis. Leiomyosarcoma is known to have frequent recurrences even after treatment. Primary treatment of leiomyosarcoma is surgery with or without adjuvant treatment.

INTRODUCTION-

Soft palate is muscular part in roof of mouth behind hard palate which is bony part of roof of mouth.

It separates nose and nasopharynx from remainder of pharynx and oral cavity during process of speech and swallowing.

Tumors of soft plate can be classified as benign and malignant. Benign are rare in number whereas most cancers of oral cavity and oropharynx are squamous cell type.

Tumors of soft palate occur mainly in males. Tobacco is the primary risk factor for majority of head and neck aerodigestive cancer.

There is tenfold increase risk in case of smokers. Alcohol consumption is independent risk factor in causing head and neck cancer.

Leiomyosarcoma is tumor of smooth muscle. Tumors of smooth muscle are rare in head and neck region. Cliically they have poor prognosis because of aggressive nature.

Case Report- A 62 year old male presented in Radiation Oncology OPD in GMCH with chief complains of pain in oral cavity and mass in soft palate for 6 months.

Pain was insidious in onset, mild to moderate, radiating to whole face and ear, no aggravating and relieving factor.

Patient also presented with mass in soft palate, initially small in size, size of lemon now progressed to size of orange Symptoms were not associated with fever.

Investigations-

CECT Neck

1. 3*2.5*2 cm soft tissue thickening of soft palate showing heterogenous enhancement bulging into oropharynx causing its luminal narrowing.
2. No extension to hard palate mucosa seen
3. No bony erosion is seen.
4. Few subcentimetric lymph nodes are seen at level 1b, 2 and 3 on both sides largest measuring 5 mm in SAD.

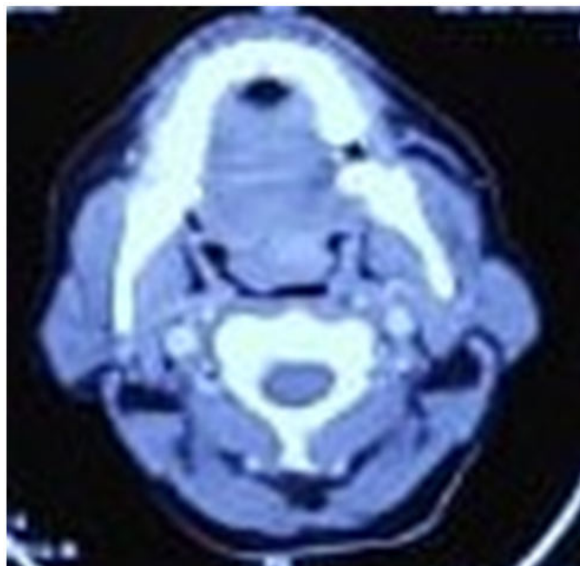


Fig 1 - CECT shows contrast enhanced mass in oropharynx

Histopathological examination

Excised mass soft palate

Tumors cells are arranged in fascicular pattern. The tumor cell exhibit moderate to marked nuclear pleomorphism. Cells are oval to spindle shaped, having vesicular chromatin, prominent nuclei in few with moderate amount of eosinophilic cytoplasm.

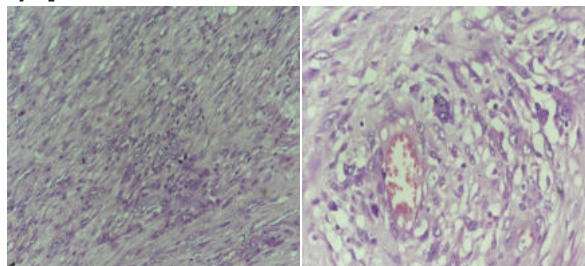


Fig 2 & fig 3- shows Tumors cells are arranged in fascicular pattern.

IHC is positive for
1. SMA

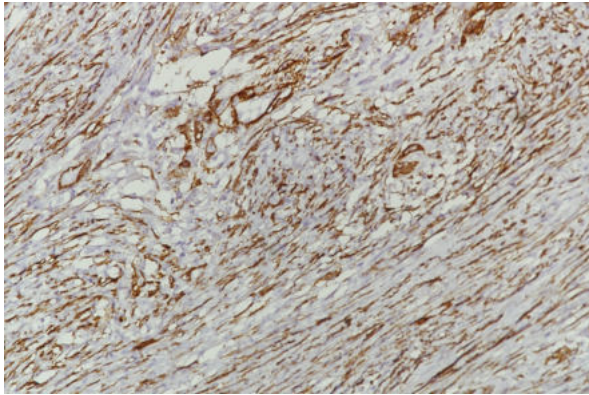


Fig 4- IHC positive for SMA

Negative for

- 1. S-100
- 2. CK

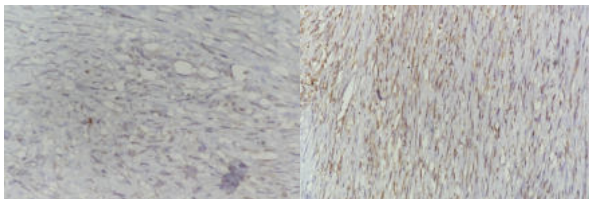


Fig 5 – S-100

Fig 6 – CK

Treatment- Patient underwent Wide local excision in GMCH 32.



Fig 7- post operative status of patient

CONCLUSION-

Leiomyosarcoma of soft palate accounts less than 1% of all cases of Leiomyosarcoma cases. It is highly malignant tumor. It is one of rare tumor. It is highly malignant tumor and recur again and again even after treatment.

Primary treatment of Leiomyosarcoma (Soft Palate) is Surgery +/- Radiotherapy +/- Chemotherapy
Chemotherapy +/- Radiotherapy +/- Surgery is used for 2nd and 3rd line treatment after recurrence.

So further reporting of such cases (<1%) in certain cases are of para- amount importance to give the disease risk factor, prognosis and treatment.