



## CASE BRIEF

Name: [REDACTED]  
Age: 64 years, Female.  
Address: [REDACTED]  
Contact no: [REDACTED]  
Diagnosis: Pleomorphic Liposarcoma of left thigh.  
Date of Diagnosis: 13/05/2022  
Ref by: Dr. Vijay Kumar.  
Surgery/Surgeons: Major tumor excision by Dr. Pramod S Chinder & Dr. Suraj  
Date of Surgery: 27/06/2022  
Ref to: Dr. Ashwin

### BRIEF SUMMARY OF THE EVENTS:

DATE	EVENTS	FINDINGS
Mar 2022	Left distal thigh.	Noticed swelling & pain, gradually increased in size.
14 <sup>th</sup> Apr 2022	MRI	? Sarcoma.
21 <sup>st</sup> Apr 2022 13 <sup>th</sup> May 2022	Biopsy- HPE/IHC	HPE: Spindle cell neoplasm with nuclear atypia. IHC: Low grade Myofibroblastic sarcoma.
10 <sup>th</sup> June 2022	PET Scan	Soft tissue sarcoma. 2-3mm bilateral upper lobe lung nodule.
10 <sup>th</sup> June 2022	MRI	10 X 8.2 x 13.6cm soft tissue sarcoma.
17 <sup>th</sup> June 2022	Slides & blocks for review	Features are of spindle cell neoplasm.
<b>MDT Discussion:</b> As the lesion was low grade and surgically accessible upfront surgery was planned.		
27 <sup>th</sup> June 2022	Surgery	Major tumor excision.



11<sup>th</sup> July 2022

HPE/IHC

Pleomorphic Liposarcoma.

## X-RAY IMAGES: 13/04/2022

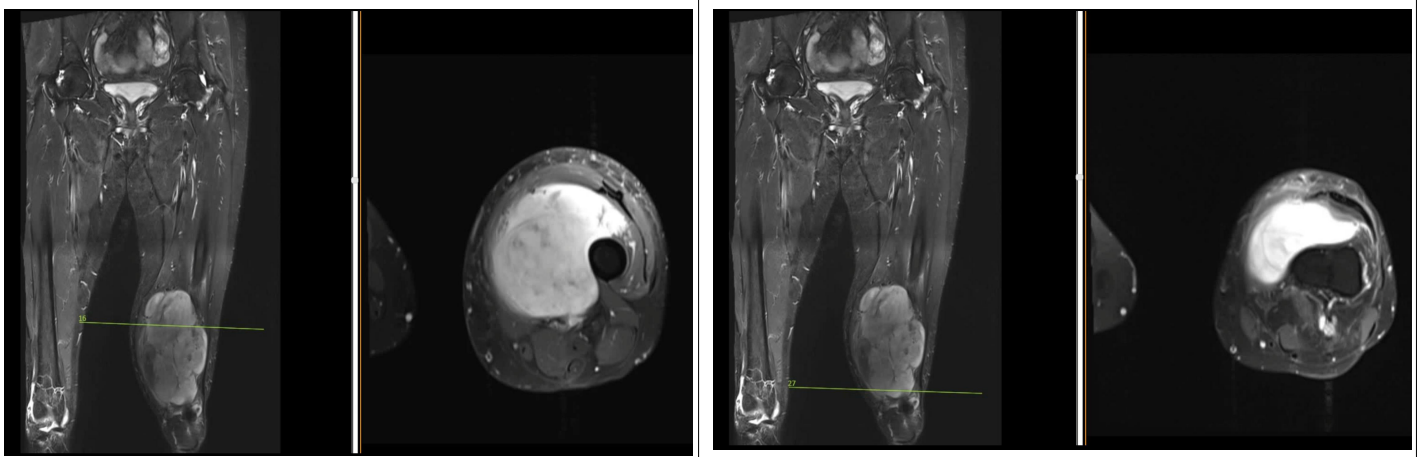


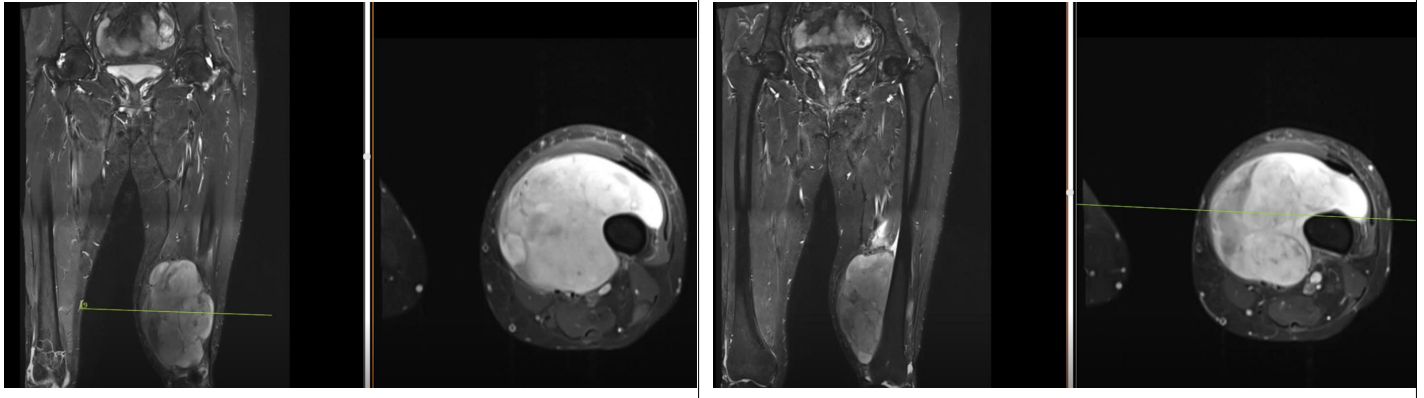
## MRI IMAGES: 14/04/2022

### Findings:

- |   |  |
|---|--|
| 1 | Well defined lobulated mass with brilliant enhancement in distal third of thigh closely abutting the medial cortex of distal femur- ? sarcoma.                           |
| 2 | The lesion is close to the distal third of femoral artery and vein and the vessels are displaced postero-laterally, however there is no neurovascular bundle encasement. |

## MRI IMAGES: 10/06/2022

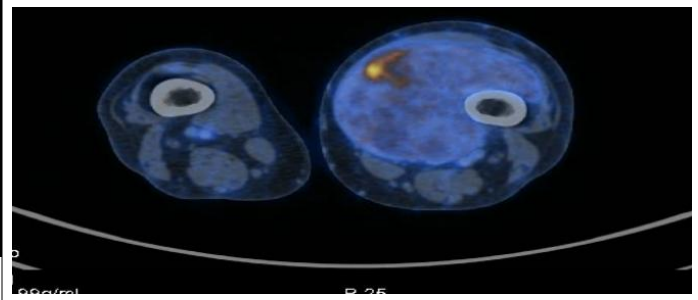
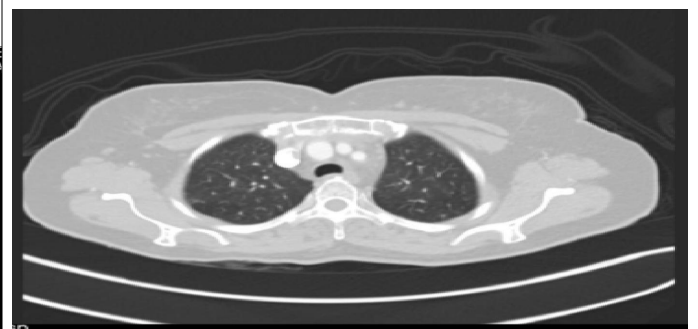
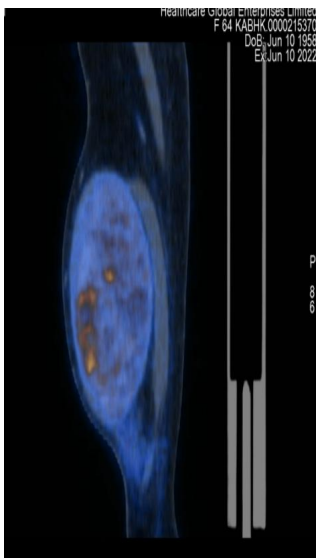




## Findings:

- 1 10.0 x 8.2 x 13.6 cm heterogeneously hyperintense enhancing soft tissue mass arising from the anterior and medial aspect of left distal thigh as described above – suggestive of soft tissue sarcoma.

## PET CT IMAGES:10/06/2022



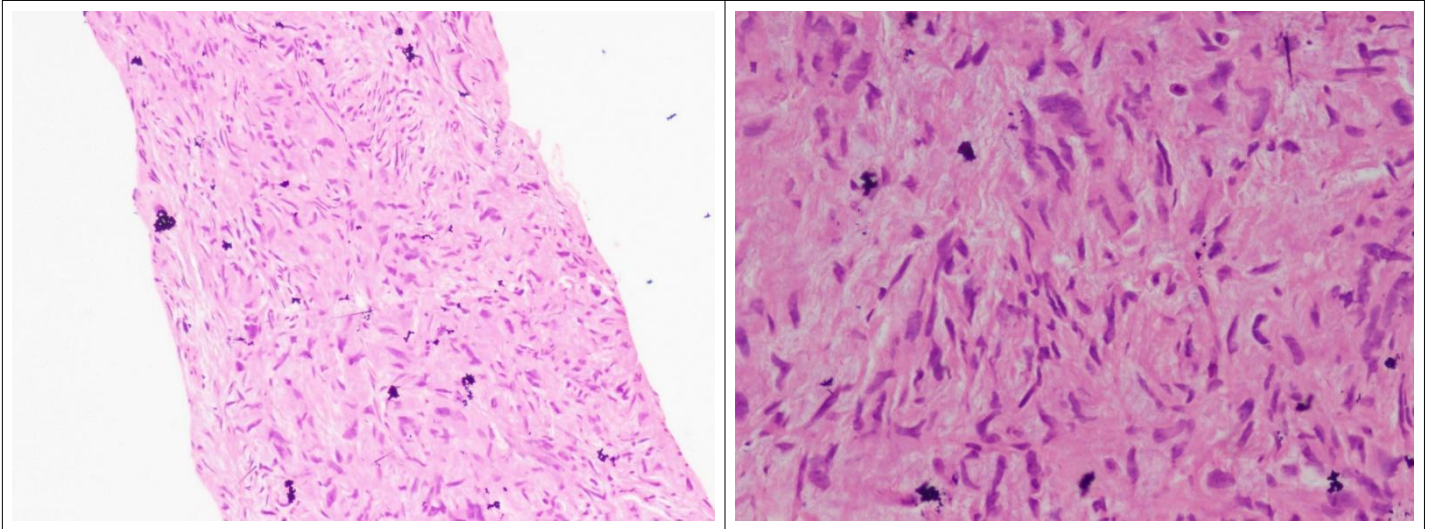
## Findings:

- 1 8.4 x 10 x 15 cm large heterogeneously enhancing partly necrotic distal left thigh mass in the medial and anterior compartments dimensions. The distal right femoral vessels are displaced posteriorly with partial encasement. No adjacent osseous erosions / destruction. Imaging features are suggestive of soft tissue sarcoma.

- 2 2-3 mm bilateral upper lobe lung nodules, likely inflammatory / infectious etiology.



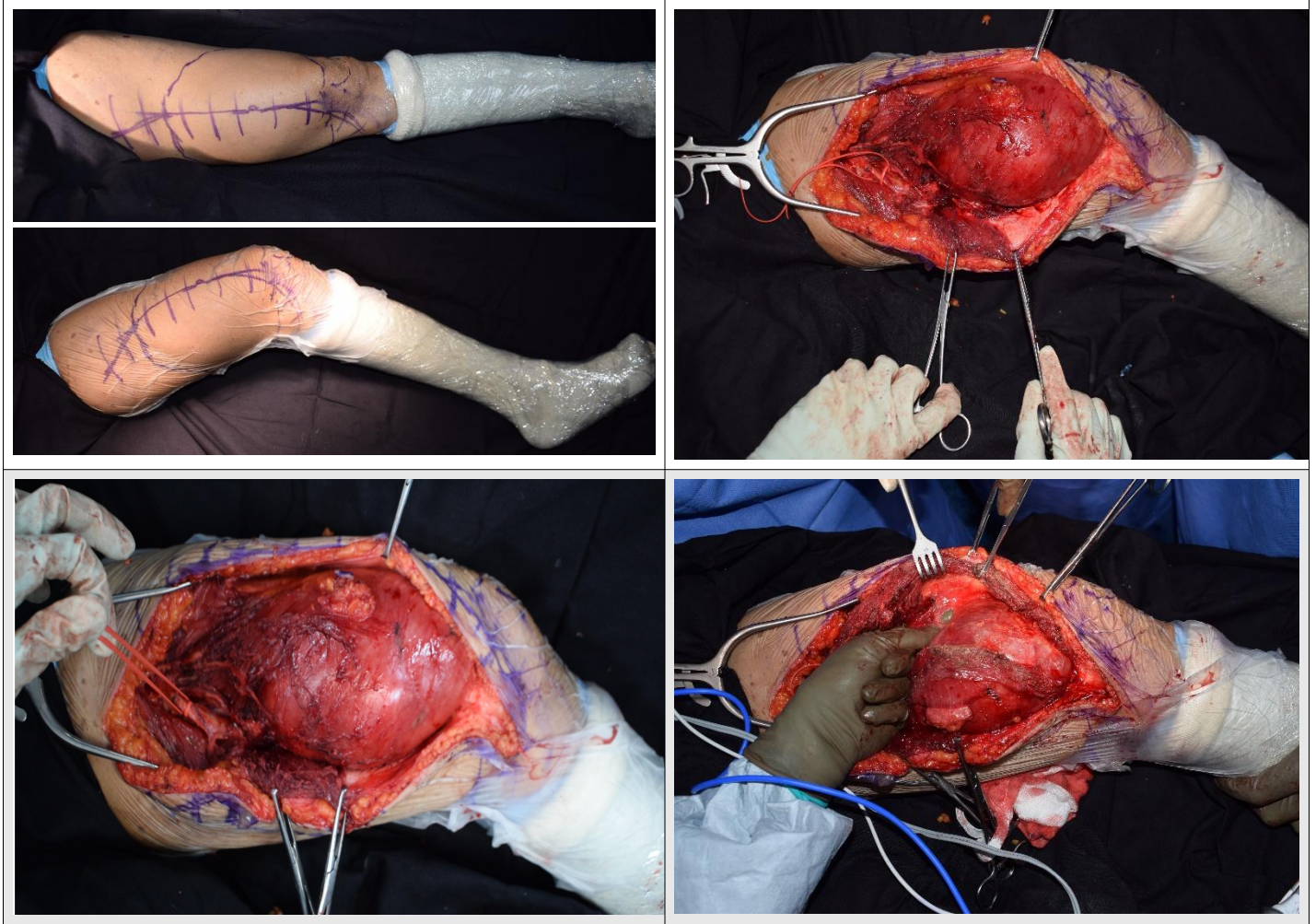
**HISTOPATHOLOGY IMAGES (Slides & blocks for review) 17/06/2022:**



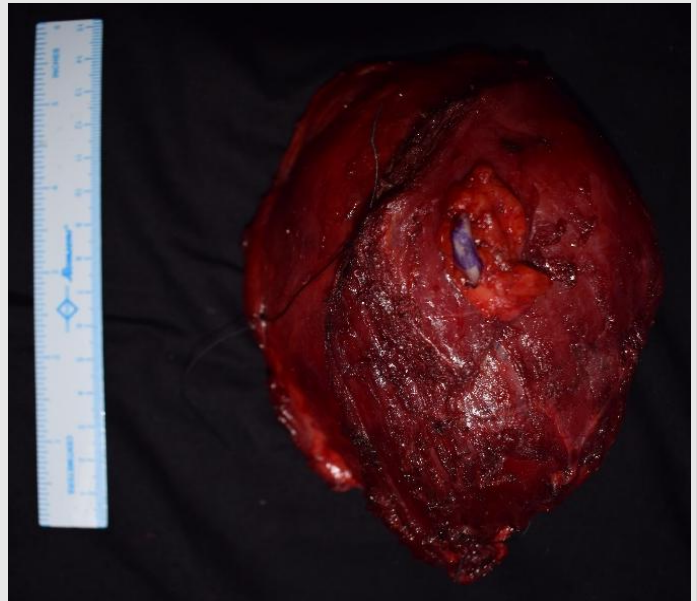
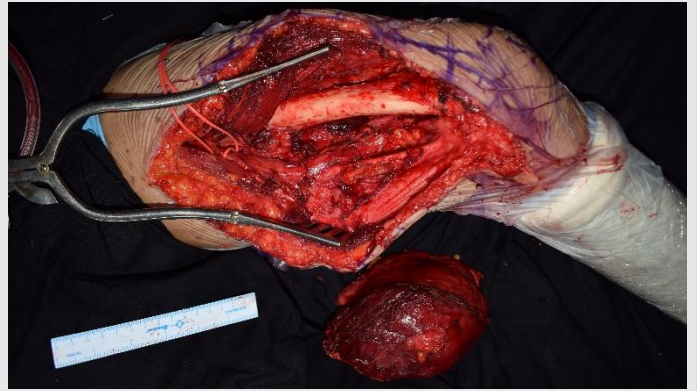
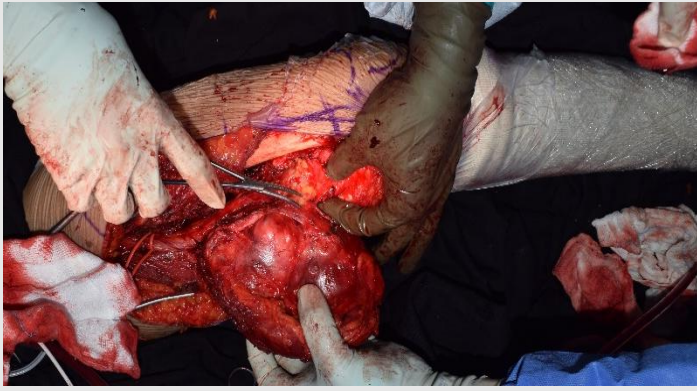
**Findings:**

1 Features are of spindle cell neoplasm.

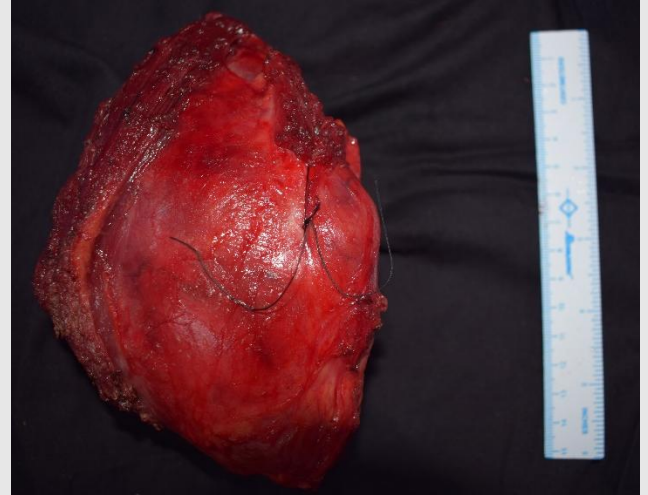
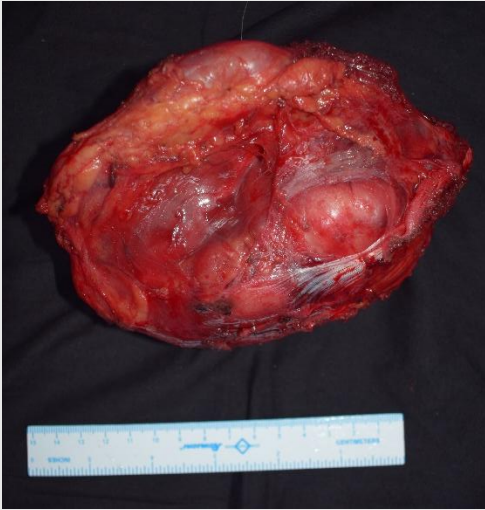
**OPERATIVE IMAGES: 27/06/2022**







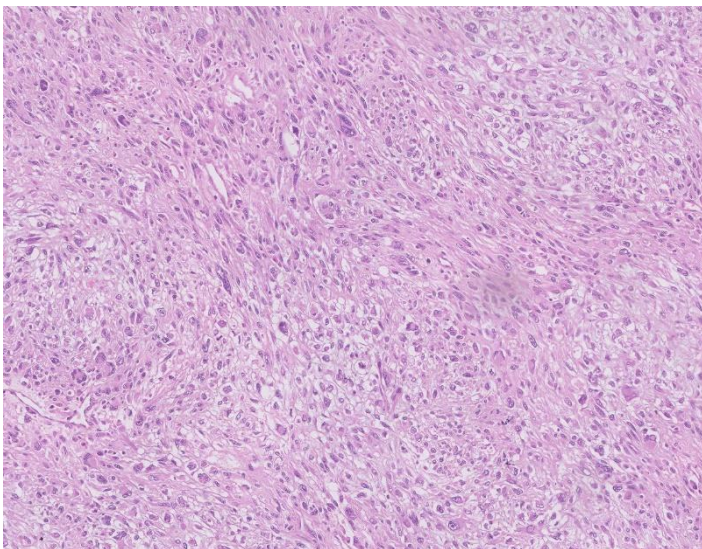




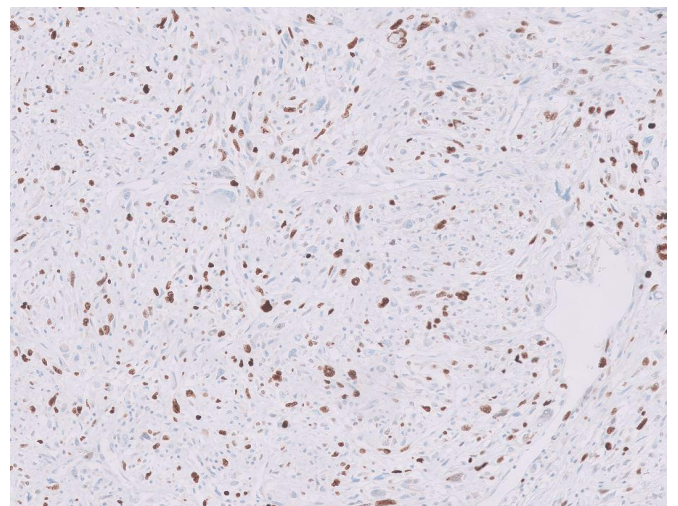
## Findings:

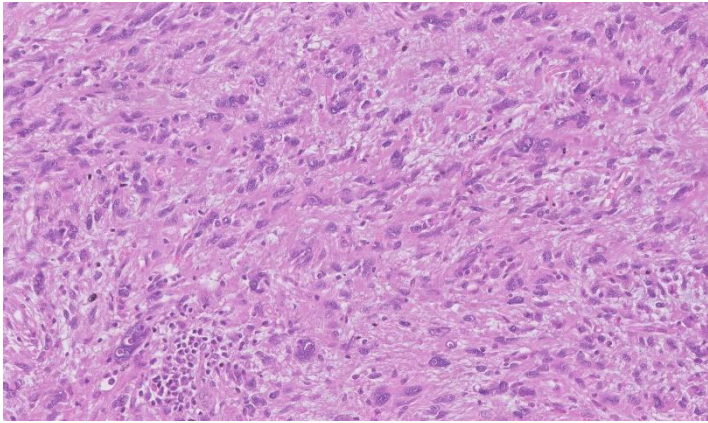
1	Medial approach to distal femur taken and soft tissue dissected.
2	Vastus medialis separated and adductors separated.
3	Femoral vessels isolated and protected. Tumor dissected out and removed with periosteal sleeve. Wash given and drain replaced. Closure done in layers.

## HISTOPATHOLOGY IMAGES: 11/07/2022

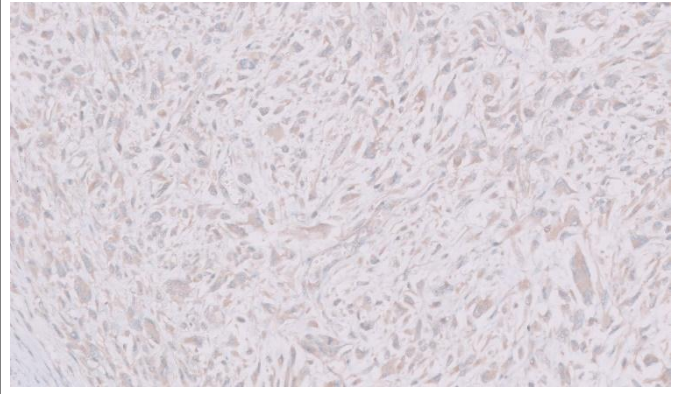


Ki67





P16



**Findings:**

1	HPE :- Features are of Undifferentiated Pleomorphic sarcoma with free margins.
2	IHC :- The tumor cells express P16 and are negative for PanCK, SMA, S100, MDM2, CD34, Myogenin and STAT6. A few cells express Desmin (Non Specific). Ki67 is 30% <b>This is Pleomorphic sarcoma expressing P16 and negative for all other markers, Suggesting a diagnosis of Pleomorphic Liposarcoma.</b>

**PROPOSED RECOMMENDATION AS DISCUSSED IN TYR MULTIDISCIPLINARY SARCOMA TUMOUR**

**BOARD:**

1	Mrs. XXXXXXXXXX, 77 years female, underwent an enbloc excision for the thigh tumor which is turned out to be a malignant tumor-Liposarcoma. For the same, she would require an ECRT or IMRT for the thigh region. The Liga clips are put to the margin. Kindly have a look at the pre op MRI and plan accordingly and also, we would be very happy if you could share the planning images before radiotherapy treatment to our whatsapp number +91 7996907996 or to Dr. Pramod.
2	To review once in 3 months for every 2 years and for every 6 months for next 3 years.



## OUR MDT TEAM MEMBERS:

NAME	DESIGNATION
Dr. Pramod S Chinder	Consultant Orthopaedic Oncosurgeon
Dr. Suraj H P	Orthopaedic Oncosurgeon
Dr. Anto	Fellow-Orthopaedic Oncology
Dr. Amar	Fellow-Orthopaedic Oncology
Dr. Kunal	Consultant Oncopathologist
Dr. Aparna	Consultant Oncopathologist
Dr. Imran	Consultant Oncopathologist
Dr. Shivakumar	Consultant Radiologist
Dr. Kumaraswamy	Consultant Radiation Oncologist
Dr. Vikram Maiya	Consultant Radiation Oncologist
Dr. Vijay Agarwal	Consultant Medical Oncologist

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Mrs. Veena	Coordinator	9148663925
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Prepared by: Tejashvini.

Checked by: Dr.Pramod.S.Chinder