Clear cell sarcoma of the anterior tibial tendon : A case report.

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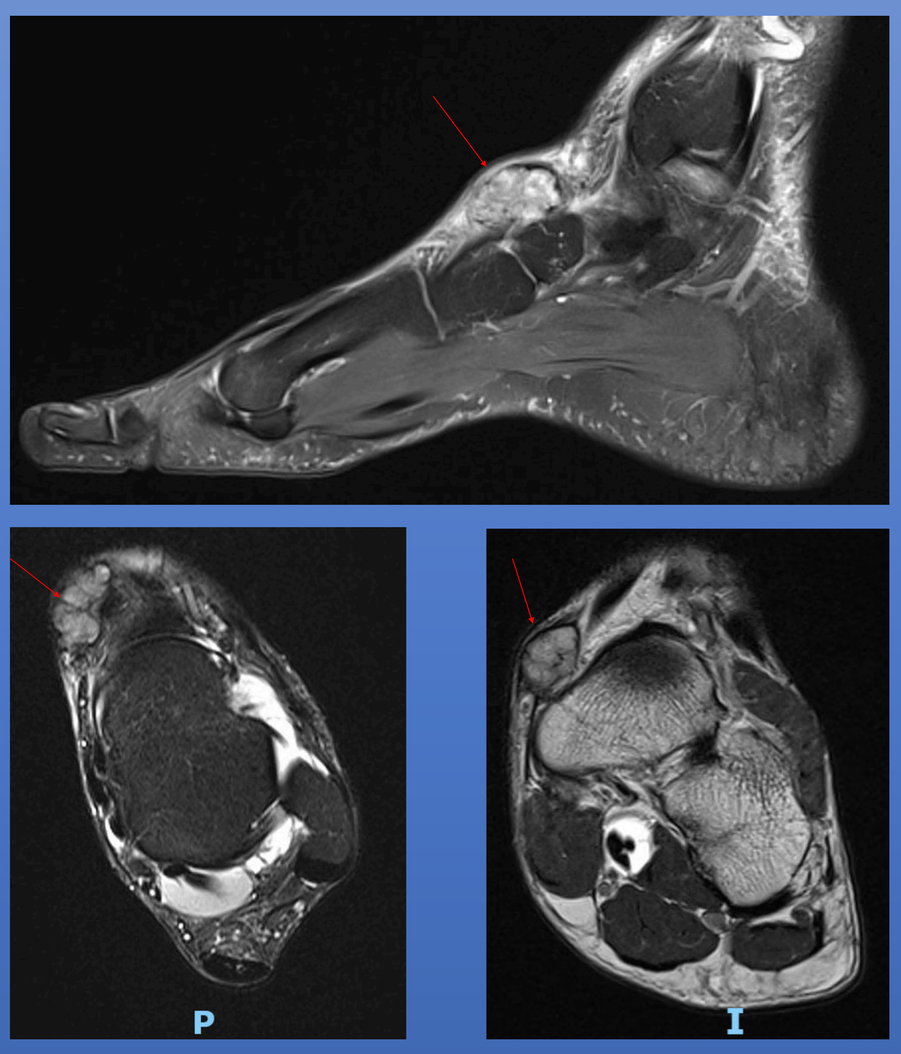
Introduction

Clear cell sarcoma (CCS) is a rare malignant tumor little described in the literature, with a predilection for lower extremities and a tendency to involve tendons and fascia. Patients usually present late because of the slow progression of the disease. Clinical and radiological findings are not sufficient. Histological and immunohistochemical analysis is necessary to make the diagnosis. The effective treatment is surgical by carcinological tumor resection.

Case presentation

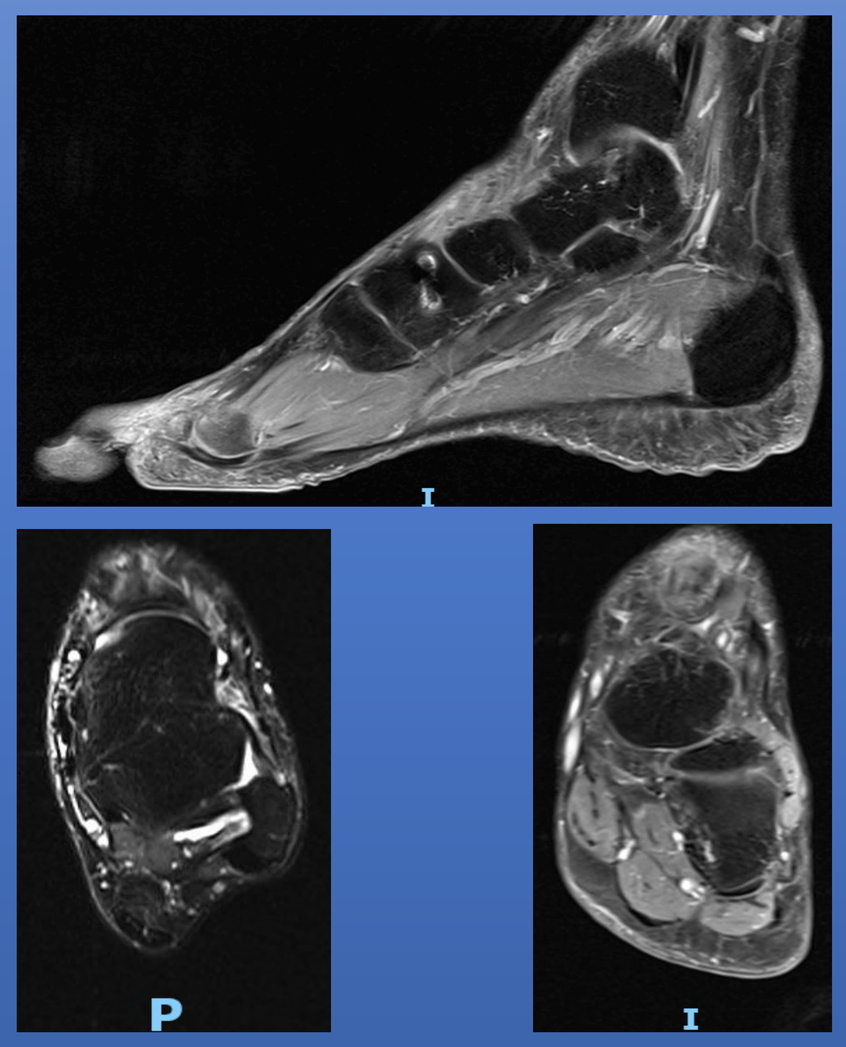
We report the case of a 47-year old male patient undergoing initial biopsy-excision surgery of a lesion labeled tenosynovial giant cell tumor on MRI. After histological and immunohistochemical analysis the diagnosis is a clear cell sarcoma of the anterior tibial tendon. The patient underwent extensive revision surgery associated with an anterior tibial tendon plasty.



MRI showing the clear cell sarcoma (26x21x12mm) in contact with the anterior tibial tendon tendon at the level of the navicular.

Results

The immunohistochemical results correspond to a high-grade clear cell sarcoma with translocation of the EWSR1 gene. The extension workup after initial excision showed neither tumor residue nor lesions suspicious of distant metastasis. The pathology results of the post-relapse are favorable and consistent with resection in a healthy area.
The patient did not present any local or systemic recurrence and presents a good function of his anterior tibial tendon plasty at the 1-year follow-up.



1 year post operative MRI showing resection of the lesion and no sign of recurrence.

Conclusion

Early diagnosis is essential for the prognosis of SCC. Unfortunately, they are often underdiagnosed and patients are referred secondarily to a specialized center for surgical revision after non-carcinological excision. Although MRI is the imaging of choice for the differential diagnosis between SCC and benign tumor, it does not always provide a certain result as in the case presented. Before any tumor, it is therefore imperative to perform an excisional biopsy at the macroscopically healthy margin and firstly allowing a wider surgical revision in the event of malignancy.

References
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