

PHOTO QUIZ

What is your diagnosis?

A 54-year-old female was admitted to hospital for a gradually enlarging mass in the left side of her neck since three months before.

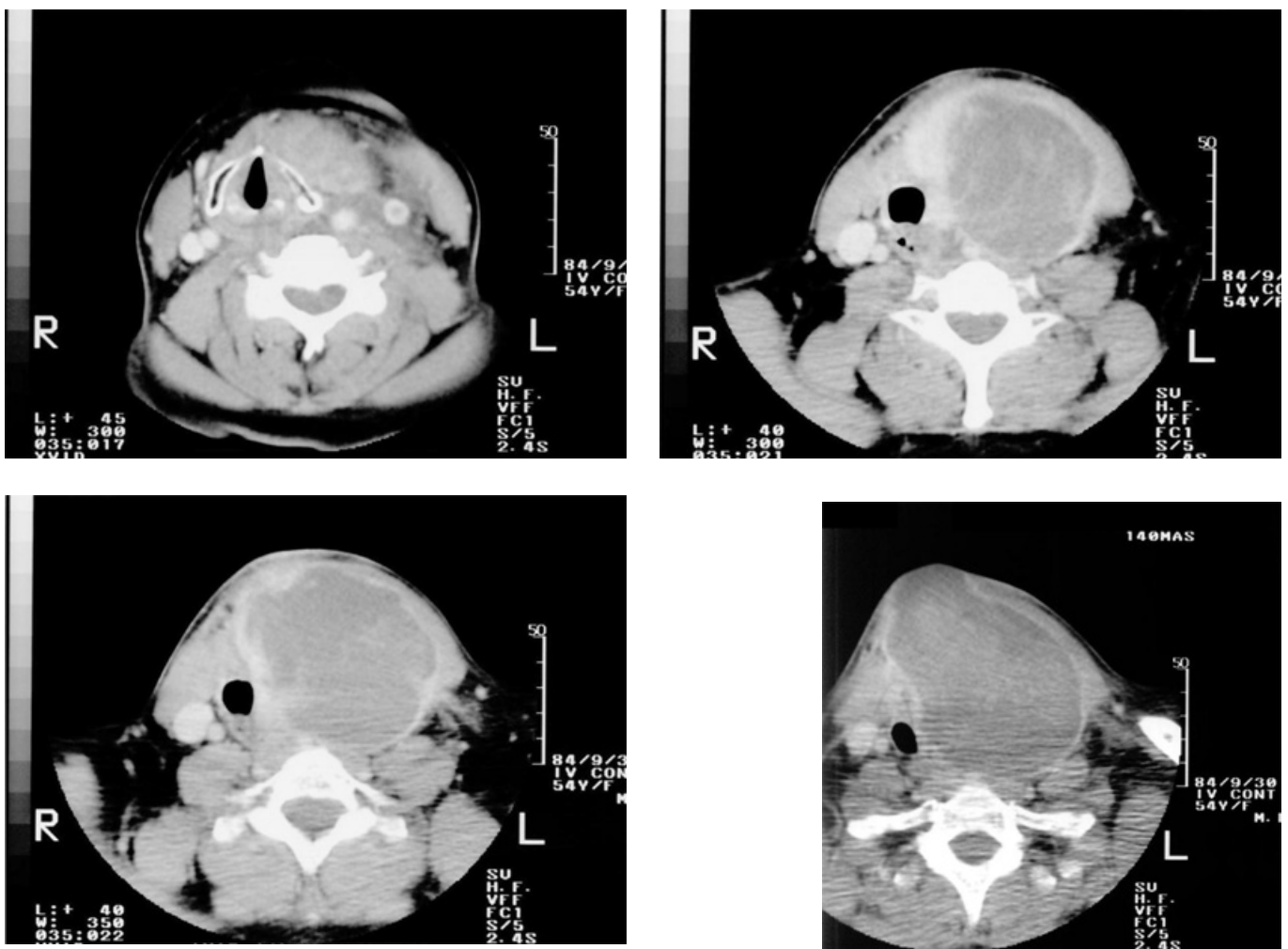


Fig. 1. A-D. Large heterogeneous mass with necrotic foci with thick, nodular and enhanced soft tissue components. Note the invasion to adjacent organs.

What is your diagnosis?

Diagnosis: Sarcoma

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Soft tissue sarcomas can be seen everywhere in the body. About 8%–10% of these tumors arises in the head and neck.¹

Sarcomas can grow significantly and patients frequently come to medical centers due to large masses.

They metastasize late, mostly to lungs. Lymphatic spread of them is also not significant.¹⁻³

Heterogeneity of the mass is evident in all imaging modalities with invasion to adjacent organs and probably lymph nodes.^{2,3} In large masses with poor differentiation of the lesion, finding the origin of the tumor can be difficult.

In our case, heterogeneous mass with multiple cystic areas and septation adjacent to the left thyroid lobe could be observed by sonography; there was no considerable flow in Doppler study of the lesion. Fine needle aspiration (FNA) showed only few non-specific inflammatory cells.

Computed tomography (CT) revealed a large heterogeneous mass with necrotic foci, measuring 100×70×135 mm which had thick, nodular and enhanced soft tissue components in the periphery of the necrotic parts.

The mass lied deep to the SCM muscle from the level of thyroid cartilage down to the thoracic inlet. Medially, the lesion displaced the trachea and larynx to the right side with high proximity to the left lobe of

the thyroid gland.

The ill-defined border of the carotid artery and medialization of it by the mass were highly suggestive for involvement of carotid wall, on the other hand internal jugular vein thrombosis was seen. Strap muscles were also involved by the mass in the left side. No discrete adenopathy was seen.

According to the above findings and based on the size of the mass with multiple necrotic foci and its aggressive nature, undifferentiated carcinoma of the thyroid and sarcomas—either from thyroid or from soft tissues of the neck—should be considered in the differential diagnoses list. Considering no detectable adenopathy in this patient, sarcoma was our first diagnosis.

Pathology report confirmed the diagnosis of sarcoma.

References

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