Fibrosarcoma Of The Lower Extremity Of The Femur (About A Case)

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Abstract: Case report: Primitive bone fibro sarcoma is a rare entity; it is only 3-5% of malignant tumours of the bone. We report the case of a 24 years old patient without significant history, having consulted for pain in the left thigh accentuated night with impaired general condition. Surgical biopsy revealed a low-grade fibro sarcoma of malignancy. The treatment consisted of a trans femoral amputation. The short-term trend (12 months) is good, with no local recurrence and amputation stump clean. Discussion: Primitive bone fibro sarcoma is a rare entity; it is dominant between 40 and 60 years. The femur and tibia are the predilection, Radiographs highlight an image of osteolysis, periosteal reaction is inconstant and invasion of soft tissues is possible. Treatment is mainly surgical; it typically consists of a limb amputation. Several chemotherapy protocols are proposed, but none has shown consistent efficacy, the prognosis remains reserved.

Key words: amputation, bone, biopsy, chemotherapy, fibro sarcoma, prognosis.

1 INTRODUCTION

Primitive bone fibro sarcoma is a rare entity; it is only 3-5% of malignant tumours of the bone (1) (3). It affects mainly adults between the 4th and 6th decade. We report the case of a patient 24 years old for whom surgical biopsy was diagnosed fibrosarcoma of the lower extremity of the femur. The treatment consisted of a trans femoral amputation. The short-term trend (12 months) is good. Case report: A 24 years old patient without significant history, having consulted for pain in the left thigh accentuated night with impaired general condition. The review objectified swelling of the thigh 5 cm on the anterolateral aspect of the knee to 3 cm, hard, painful, without inflammatory signs. The lymph nodes were free. Standard radiological tests showed lytic image 6 cm metaphyseal, with rupture of cortical and periosteal reaction (Fig 1) The CT scan and the MRI showed a tumor process of the lower end of the femur with the soft extension portions (Fig 2) and (Fig 3). Surgical biopsy revealed a low-grade fibro sarcoma of malignancy. The treatment consisted of a trans femoral amputation. The short-term trend (12 months) is good, with no local recurrence and amputation stump clean. The general condition improved slightly.

DISCUSSION:

Primitive bone fibro sarcoma is a rare entity; it is only 3-5% of malignant tumours of the bone (1) (3). It occurs in both men and in women. It is rare before 15 years and is dominant between 40 and 60 years (3, 4, 5). It can reach the entire skeleton; the femur and tibia are the predilection. The long bones, the seat is usually metaphyseal (2, 3, 5). Clinical has no specificity. Nightlife and progressive pain, vascular compression is exceptional, and there are no satellite nodes. Pathologic fracture is quite common. The general condition remains long retained (1, 5). Radiographs highlight an image of osteolysis or sometimes a massive osteolysis with part gum, mixed. Periosteal reaction is inconstant; invasion of soft tissues is possible (3). CT and MRI allow local and loco regional staging.

Arteriography shows vascular reports, but it did no specificity. Differential diagnosis can be done with all other malignant bone tumours, osteomyelitis and giant cell tumour. Treatment is mainly surgical; it typically consists of a limb amputation. Currently wide resection with bone reconstruction is possible, but it is feasible only in tumours without lymph circumscribed soft tissue implying an early diagnosis of the tumour which was not the case in our patient in whom tumour had grown for more than 3 years (1, 4, 5). Radiotherapy is reserved for inoperable cases. Several chemotherapy protocols are proposed, but none has shown consistent efficacy (2, 4, 5).

CONCLUSION:
The primary fibrosarcoma of bone is rare and affects mainly adults between the 4th and 6th decade. It is progressive and affects mainly metaphyseal-diaphyseal regions. Treatment is essentially surgical. Unfortunately, the prognosis remains reserved.

REFERENCES:
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FIGURES:
Figure 1: Standard radiological tests showed lytic image 6 cm metaphyseal, with rupture of cortical and periosteal reaction.

Figure 2 and Figure 3: The CT scan and the MRI showed a tumor process of the lower end of the femur with the soft extension portions.