ejpmr, 2021,8(1), 46-47

SJIF Impact Factor 6.222

EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

Case Study

ISSN 2394-3211

EJPMR

PRIMARY FIBROSARCOMA OF THE PAROTID GLAND: A CASE REPORT AND THE REVIEW OF THE LITTERATURE

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Article Received on 03/11/2020 **Article Revised on 23/11/2020** **Article Accepted on 13/12/2020**

ABSTRACT

Introduction: fibrosarcoma is a malignant soft tissue neoplasm which occurs most of the time in teenagers and young adults. Facial, and especially parotid gland localization, is very uncommon. **Case report**: A 44-year-old male patient, with no prior history, was hospitalized for swelling in the left parotid area noted 7 months before. The mass was painful and there was no facial paralysis. A CT scan revealed a tumoral process of mixed density in the left parotid gland. The thorax and abdominal CT scan was normal. The patient was initially treated by surgery and adjuvant radiotherapy. **Discussion and Conclusion:** Five percent of salivary gland primitive tumors are of mesenchymatous origin, 0.3 to 1.5% of which are sarcomas. Fibrosarcoma is an extremely rare mesenchymal malignant tumour. The diagnosis of parotid gland fibrosarcoma is confirmed by immunehistochemistry and cytogenetic tests. fibrosarcomas are rather uncommon in the salivary glands and have a high tendency towards recurrence. Surgery combined to radiotherapy seems to be the best treatment.

KEYWORDS: fibrosarcoma, parotid gland, surgy, radiotherapy.

1. INTRODUCTION

Fibrosarcoma is an extremely rare mesenchymal malignant tumour, Several origins are possible. Indeed, fibrosarcoma may appear de novo, secondarily to irradiations, or in patients with neurofibromatosis or retinoblastoma. Five percent of salivary gland primitive tumors are of mesenchymatous origin, 0.3 to 1.5% of which are sarcomas.

In a series of 67 cases of primary sarcoma and sarcomatoid neoplasms of salivary glands from the Armed Forces Institute of Pathology (Washington, DC), there were 9 cases of fibrosacoma.[1] In another smaller series from MD Anderson Cancer Center (Houston, TX), there were 2 cases of the latter tumor among 11 salivary gland primary sarcoma cases.[2-5]

2. CASE PRESENTATION

A 44-year-old male patient, with no prior history, was hospitalized for swelling in the left parotid area noted 7 months before. The mass was painful and there was no facial paralysis. A CT scan revealed a tumoral process of mixed density in the left parotid gland, the tumor mesure 63*63 cm, this process pushes the parotid superficial lobe forward and out, inside it invades the pre and retro space stelien with jugular vein gear, it bombs the homolateral space para pharyngeal, back it infiltrates the muscular plane looking noticeably at the SCM muscle and spleni, (Figure1).

the patient was operated on immediately, with an almost complete removal of the tumor, histologic findings malignant tumor proliferation little differentiated, infiltrating the parotid parenchyma with lympho-vascular invasion, without nodes invasion 14N-/14N, requiring additional Immunohistochemical to specify its origin.

In the immunohistochemical findings, only diffusely and strongly positive for vimentin, and conclusion was a fibrosarcoma grade II according to FNCLCC.

The patient was lost to sight for two months after his consultation with us. he reconsulted urgently for extreme pain, we examined him and found a recurrence of a large cervical mass, then he was hospitalized, he was prescribed antlagic treatment with corticosteroids, pending emergency radiotherapy. Unfortunately the patient died.

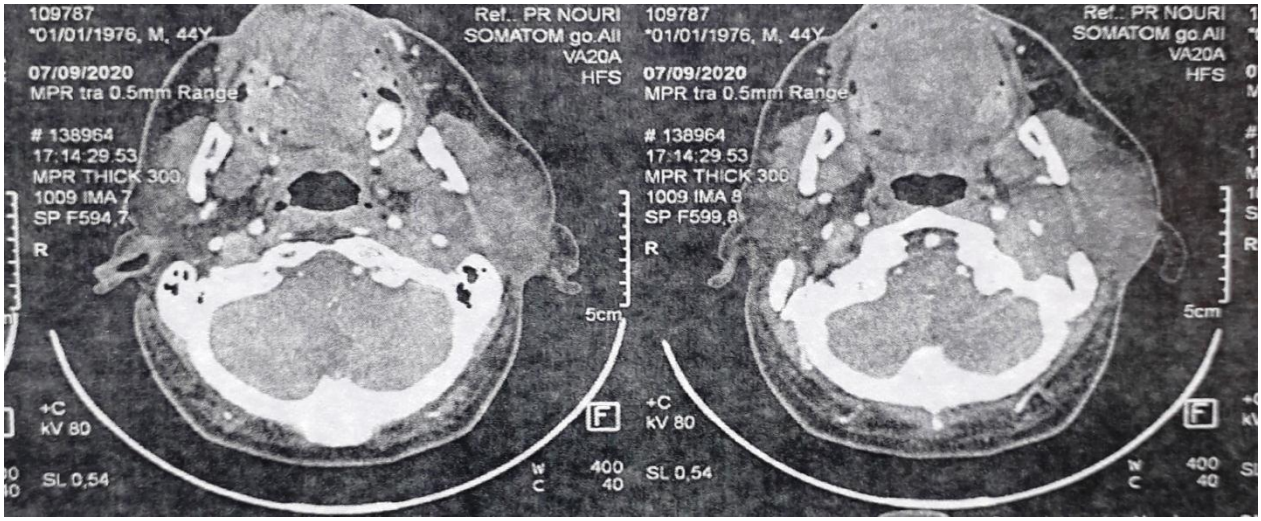

Figure 1: Facial scanner that shows the local extension of the parotid tumor.

3. DISCUSSION

Sarcomas comprise only 0.6% of all cancers (excluding non melanoma skin cancer) throughout the body, so it is not surprising that a large series of sarcomas of the salivary glands has not been published.[3]

We have a rare case of parotid fibrosarcoma in a adult men, some series reported cases of parotid fibrosarcoma especially in young adult , notably that of Armed Forces Institute of Pathology (Washington, DC), there were 9 cases of fibrosacoma.[4] the average age was 23 years.

The treatment of choice is surgery, with the first surgical procedure being crucial, as the small size of the tumor is accompanied by the absence of post-surgery and post-radiotherapy fibrosis, which facilitates the surgery.[5] The evident tendency towards recurrence makes it advisable to be radical in the exeresis. Often we have to consider a reconstructive period. Negative surgical margins increases the rates of local control. Treatment with radiotherapy is the complementary treatment indicated for patients with surgical margins less than 2 mm or positive. It has been observed that this treatment improves the local control of the illness. We present a case of parotid fibrosarcoma of a intermediary grade of malignancy that was treated by means of parotidectomy and post-operative radiotherapy.[6]

In conclusion, we present a case of a probable new variant of fibrosarcoma in adults located in the head and neck region, more specifically in the parotid gland. Surgery combined to radiotherapy seems to be the best treatment.

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