Lecture

9

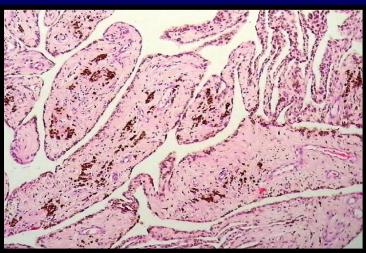
JOINT TUMORS & TUMORLIKE CONDITIONS:

- Joint tumors are rare
- Ganglion cyst and tenosynovial giant cell tumor are the most frequent
- Ganglion cyst: common condition; close to a joint, dorsum of wrist; not true cyst, no communication with synovial joint; may cause pressure pain; treated by surgical removal
- True synovial cyst (Baker cyst around the knee): herniation process

TENOSYNOVIAL GIANT CELL TUMOR:

- Benign neoplasm of synovium
- Diffuse (pigmented villonodular synovitis, PVNS, large joints) or localized small hands tendons
- T(1;2)(p13q;37); affecting type IV collagen α -





SOFT TISSUE TUMORS:

- Benign >>>> malignant
- Incidence: 1% and cause 2% cancer death
- Sarcomas are aggressive and metastasize mainly to lungs, hematogenous spread
- Most are in extremities (thigh)
- Most are sporadic; very few arise from tumor suppressor gene mutations (NF1, Gardner syndrome, Li-Fraumeni syndrome, Osler-Webber-Rendu Syndrome)
- Few occur after exposure to radiation, burns & toxins.

SOFT TISSUE TUMORS:

- No precursor lesions; theory that they arise from pluripotent mesenchymal stem cell which acquire somatic mutation
- 15-20% simple karyotype, single signature mutation (Ewing and synovial sarcoma)
- 80-85% complex karyotype (genomic instability), LMS and pleomor. Sarcoma
- Wide range (benign-highly malignant)
- Diagnosis, grade and stage are all important

DIFFERENTATION	Subtypes	Chromosomal traslocations	Fusion trascripts
ADIPOCYTIC TUMORS	Lipoblastoma: Myxoid liposarcoma	t(7;8)(q31;q13); t(8;8)(q24;q13) t(12;16)(q13;p11); t(12;22)(q13;q12)	PLAG1-COL1A2;PLAG1-HAS2 CHOP-TLS; CHOP-EWS
FRIBLOBLASTIC/ MYOFIBROBL.TUMORS	Inflammatory myofibroblastic tumor	t{1;2}{q25;p23};t{2;19}{p23;q13}; t{2;17}{p23;q23}	TPM3-ALK; ALK-TPM4; ALK-CLTC
	Infantile fibrosarcoma	t(12;15)(p13;q25)	ETV6-NTRK3
	Dermatofibrosarcoma protuberans/ Giant cell fibroblastoma	t(17;22){q22;q13}	COL1A1-PDGFB
SKELETAL MUSCLE TUMORS	Alveolar rhabdomyosarcoma	t(2;13)(q35;q14); t(1;13)(p36;q14)	PAX3-FKHR; PAX7-FKHR
TUMORS OF UNCERTAIN DIFFERENTIATION	Angiomatoid fibrous histiocytoma	t(12;22) (q13;q12); t(12;16) (q13;p11)	
	Synovial sarcoma	t(X;18)(p11.2;q11.2)	SYT-SSX1/2/4
	Alveolar soft part sarcoma	t(X;17)(p11;q25)	TFE3/ASPL
	Clear cell sarcoma	t(12;22)(q13;q12)	EWS-ATF1
	Extraskeletal myxoid chrondrosarcoma	t(9;22)(q22;q12); t(9;15)(q22;q21)	EWS-TEC; CHN-TFC12
(Face and Associated Asociated Associated Associated Associated Associated Associated As	Desmoplastic small round cell tumor	t(11;22)(p13;q12)	EWS-WT1
EWING SARCOMA	>	t(11;22){q24;q12};t(21;22){q22;q12}; t(17;22){q12;q12}; t(7;22){p22;q12};	FLI1-EWS; ERG-EWS E1AF-EWS; ETV1-EWS

ADIPOSE TISSUE TUMORS:

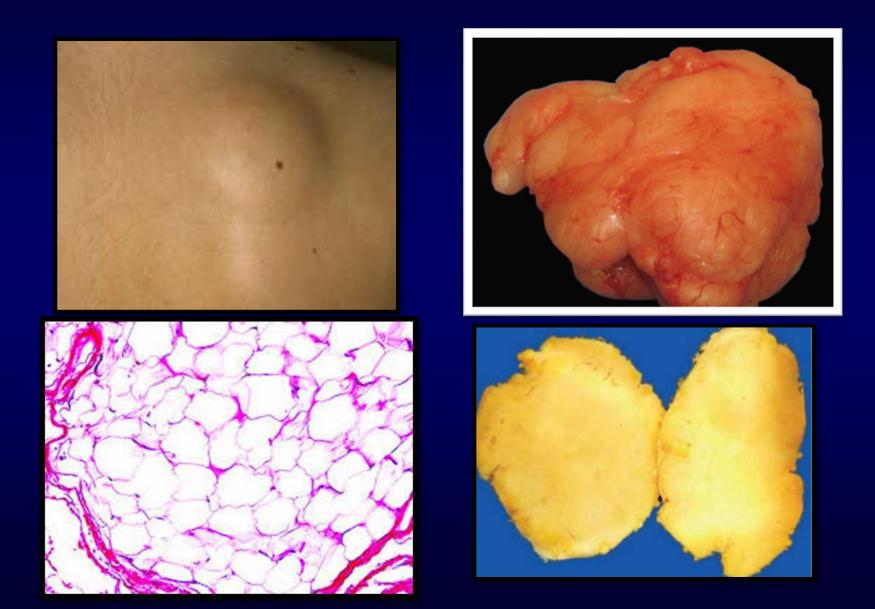
LIPOMA

- Most common softT tumor
- Well-encapsulated, subcutis
- Mature fat cells
- Trx: excision

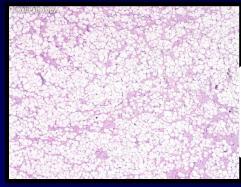
LIPOSARCOMA

- Most common sarcomas in adults. >50 years
- Extremities and retroperitoneum
- 3 types:
 - WD (MDM2 gene chr 12)
 - Myxoid, t(12,16)
 - Pleomorphic (aggressive)

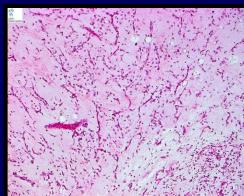
LIPOMA PATHOLOGIC FEATURES:



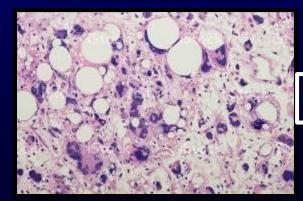
LIPOSARCOMA FEATURES:



Well-differentiated



Myxoid



Pleomorphic





FIBROUS TUMORS:

- Nodular fasciitis
- Fibromas and Fibrosarcoma
- Fibromatoses:
 - Superficial
 - Deep (Desmoid tumor)

NODULAR FASCIITIS:

- Nodular fasciitis: thought to be reactive process
- Now, clonal, t(17;22) producing *MYH9-USP6* fusion gene
- Trauma history, recent rapid size increase
- Maybe self-limiting
- IMPORTANT: not to diagnose it malignant
- Culture-like histology

NODULAR FASCIITIS:

