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Inflammatory myofibroblastic sarcoma sacrum – Case report

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Myofibroblastic tumors are tumors arising from soft tissue myofibroblasts, cells that share ubiquitous ultrastructural characteristics of muscle and fibroblastic cells. Vasudev and Harris described a malignant aspect of these benign tumors in 1978. Most of the reported cases of myofibroblastic sarcoma arose in the head and neck and soft tissues of the extremities. There are few previous reports on primary myofibroblastic sarcoma of the bone in the literature.

Case Report: Patient MN, 66, male, came to our service complaining of pain in the gluteal region left with six months of evolution, associated with ipsilateral paresthesia. Requested imaging, x-ray initially with suspicion image sacral area, and later MRI revealed solid mass lesion in the sacrococcygeal transition, obliterating virtually the entire spinal canal, extending to soft tissues. Biopsy site that showed spindle cell proliferation with collagen areas consistent with inflammatory myofibroblastic sarcoma sacral area. Sacralectomia surgery performed while maintaining root S1 and S2 to the left to the right. The patient developed wound infection and dehiscence, subject to protective colostomy and surgical dressings. Showed improvement of the local infection, and then carried to the vacuum dressing for approach lips, granulation and preparation of the wound bed, when it was performed vascularized flap of buttock rotation with complete wound closure.

Objective: The objective of surgery is effectively prolong tumor progression free survival and improve quality of life and patient function.

Discussion: We present this case by the rarity and challenge diagnosis of a pelvic mass with clinical and radiological findings mimicking malignant tumors, which, in reality, these were a benign myofibroblastic tumor and should, therefore, be considered in the differential diagnosis of tumors initially investigated is inconclusive. The ideal treatment for primary myofibroblastic sarcoma bone remains uncertain because of the rarity of this entity. Wide resection with clear margins seems desirable, but it depends on the tumor location and the local anatomy.

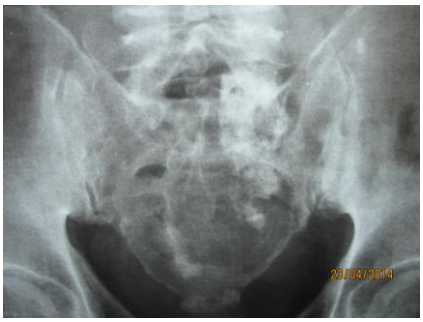

Figure 1. *X-ray*

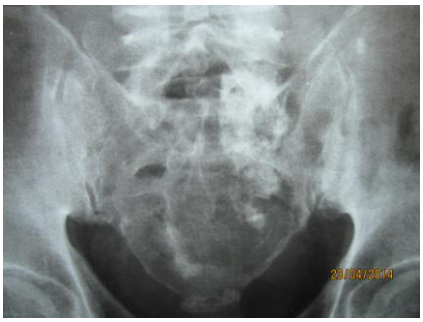

Figure 2. *MRI*

Figure 3. *T-saw*