

# Foot pain

Dr Shrenik Shah

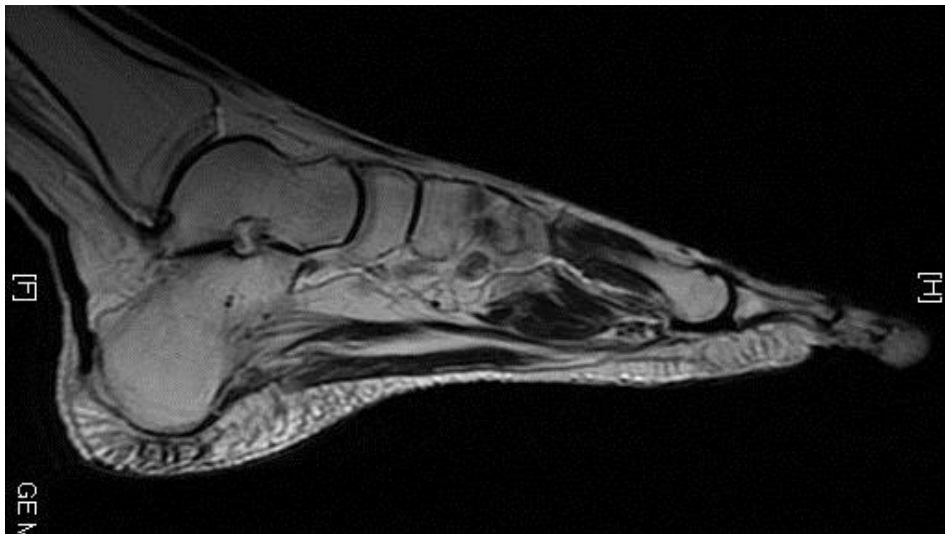
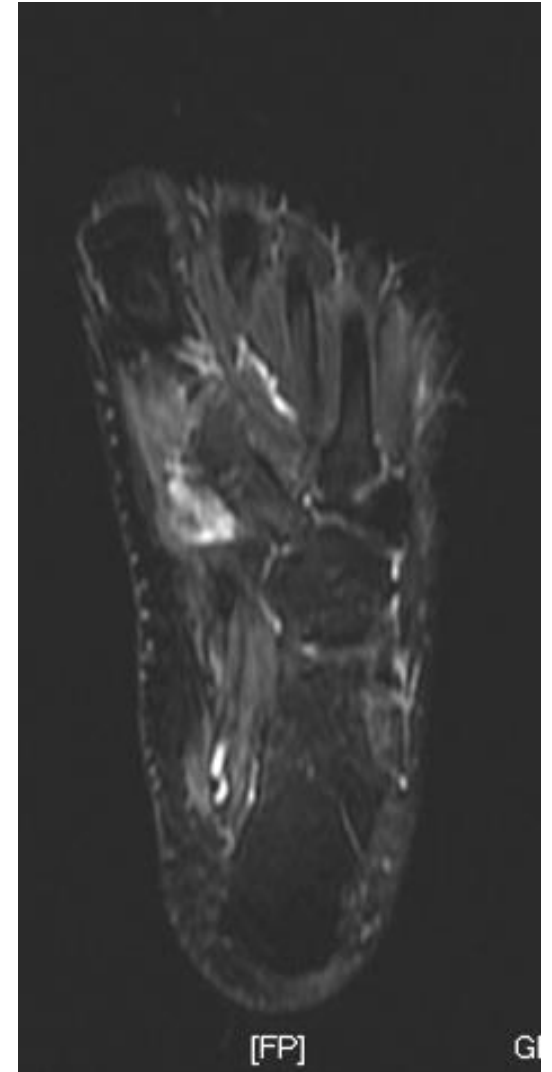
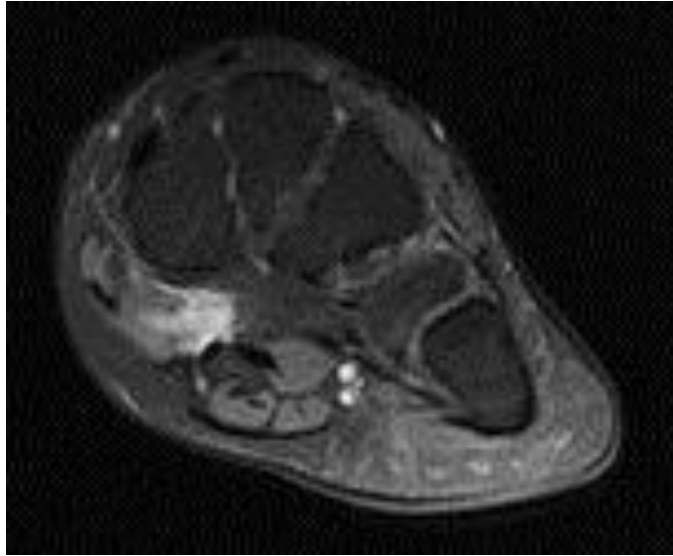
Shrey hospital

# Clinical details

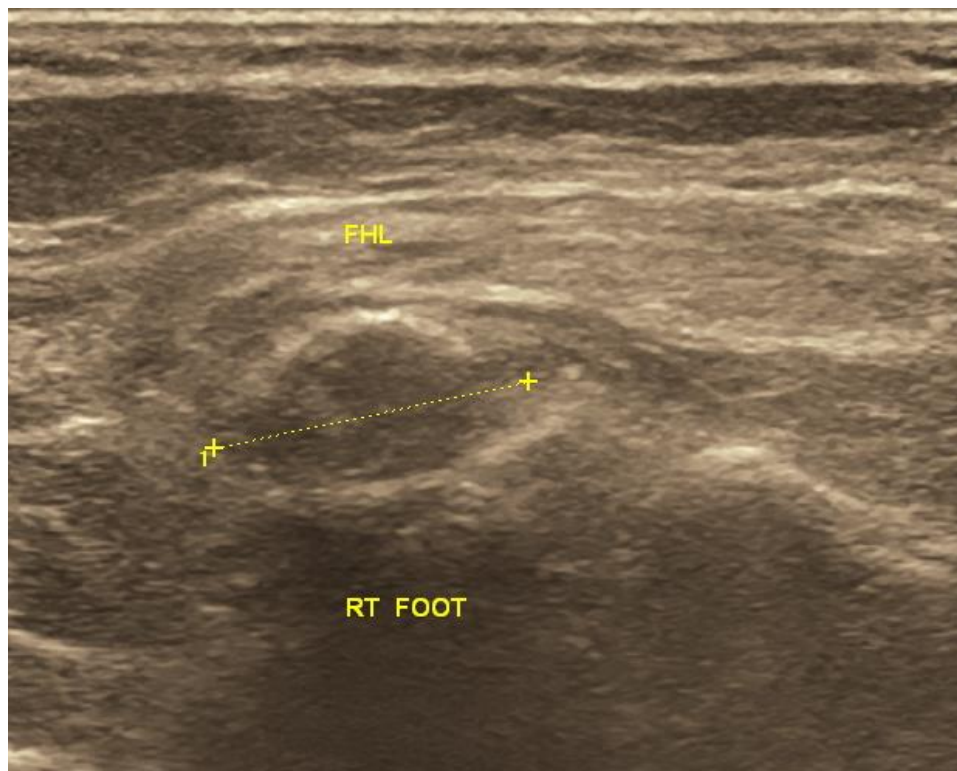
- M/23 year -CA student
- Pain over instep– mild since 2 years but increased since 5 months
- No H/o trauma, fever (constitutional sym-ve)
- Limp
- No evident palpable swelling/ tenosynovitis
- Not relieved with drugs
- LAHC given without any relief



# MRI- FHL Tenosynovitis



# USG



# EXCISIONAL BIOPSY



# HPE

- Neoplastic lesion –well oriented ,plump spindle cells of uniform appearance.
- Hyalinisation and calcification +
- Mast cells are seen
- Monophasic Synovial sarcoma
- Suggested immunochemistry to confirm

# Literature

- Incidence-most common in age 15-40 yrs
- Clinical –slow growing palpable soft tissue mass with pain and tenderness
- Average duration of symptoms prior to diagnosis is 2-4 yrs
- Slow growth and long duration of symptoms simulate a benign process
- Imaging studies a key to earlier diagnosis
  - Orthopaedics 2010;33:931-936- Loyola uni med center-illinois



- Distribution- tenosynovial sarcoma, synovioma, synovial endothelioma, synovioblastic sarcoma are synonyms
- Does not arise from synovial cells or within synovial lining of a joint.
- Intra articular lesions are rare- 5-10%, more aggressive
- Para/ juxta articular-within 5-7 cm 60-75%
- 80-90% in limb, 60-71% in LL, predominantly in popliteal fossa

- Most common foot and ankle soft tissue malignancy in patients aged 6-45 yrs
- Nonextremity cases-3-10%-head and neck, pelvis, thorax and retroperitoneum.
- Unusual sites- kidney, heart, lung , hemithorax, and pharynx
- From bone- extremely rare-radius, distal tibia and sternum

# Imaging

- X-rays- 50% have visible dystrophic calcifications, imperceptible in small lesions and pelvic lesions
  - Calcification, more frequent, central/peripheral
  - Calcific matrix is variable
  - Periosteal new bone formation
  - bone erosions
- Usg-round, homogenous low internal echo patterns

# Imaging 2- MRI

- Lesion < 5 cms are homogenous
- Triple sign: T2 signal hyperintensity, isointensity and hypointensity relative to fat within a single lesion (also seen in malignant fib histiocytoma)
- Bowl of grapes appearance: septated. Multilocated app and haemorrhage with fluid levels

# Histopathology

- WHO classification- “Tumour of Uncertain Differentiation”
- Doesnot indicate it arise from synovial cells or lining
- Arise from mesenchymal tissue- appearance resemble synovioblastic cells
- Two cell types- spindle and epithelioid
- 3 types- biphasic, monophasic fibrous and monophasic epithelial
- Ancillary technics- immunochemistry and chromosomal mapping- for differentiation.

# Treatment and prognosis

- Surgery: wide surgical margins-disease specific survival with re-resection at 15 yrs is 71%
- Radiotherapy: external beam/ brachy therapy → improved local recurrence free survival
- Chemotherapy: neoadjuvant, adjuvant and metastatic disease chemotherapy
  - 5 yr metastasis free survival with chemo-60%