

Challenges in Diagnosis of Mesenchymal Chondrosarcoma

“The Importance of Histopathologic Analysis”

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INTRODUCTION

The majority of oral soft tissue growths & swellings are reactive & benign, afflicting sites like the gingiva, buccal mucosa, tongue and others. On rare occasions malignant tumours like sarcomas, lymphomas and metastatic carcinomas can present with benign clinical features, whereby histopathologic evaluation mandates to confirm the nature of the lesion. This poster is a presentation of such a benign appearing mesenchymal chondrosarcoma (MCS) in the mandibular anterior region of a 34-year-old male patient.

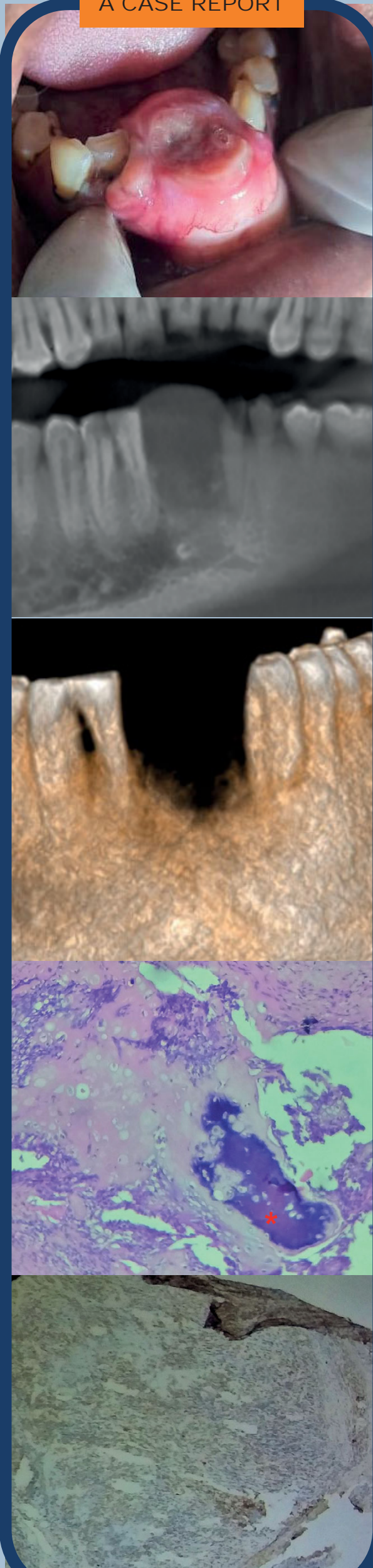
RADIOLOGIC FEATURES

Solitary, ill-defined, osteolytic mixed lesion seen with ragged and diffused borders on the inferior aspect and a dome-shaped soft tissue extension on the superior aspect with internal structure showing scattered foci radiopacities of varying densities at the crestal margin of the residual alveolar bone and periapical areas of adjacent teeth.

DISCUSSION

MCS, is a rare & aggressive tumour that can manifest as soft tissue growth masquerading as common oral benign growths like focal reactive overgrowth. Mesenchymal chondrosarcoma tends to develop in younger adults and are more likely to recur if not surgically excised with thorough negative surgical margins.

A CASE REPORT



CLINICAL PRESENTATION

A 34-year-old male patient presented with a mass of unknown dignity in the mandibular anterior region for 4 months and gave a history of self exfoliation of the teeth in the involved region approximately 2 months back. On examination, a solitary exophytic growth was found extending bucco-lingually measuring approximately 2X3cm that was noted to be firm and non-tender.

PROVISIONAL & DIFFERENTIALS

1. Focal Reactive Overgrowth
2. Benign Mesenchymal Tumor
3. Osteosarcoma

HISTOPATHOLOGIC FEATURES

Lobules of cartilage showing moderate nuclear atypia with adjoining cellular elements showing areas of spindle or round cells with nuclear hyperchromatism in addition to reactive bone*.

IMMUNOHISTOCHEMISTRY

Tumour specimen showed strong positivity for S-100 & CD-99 Markers

FINAL DIAGNOSIS

Mesenchymal chondrosarcoma

TREATMENT

Surgical excision and patient referred to nearest oncology center for further assessment.

REFERENCES

- 1.)Stanbouly D, Litman E, Vasilyeva D, Philipone E. Mesenchymal Chondrosarcoma in the Maxilla: A Case Report and Literature Review. J Oral Maxillofac Surg. 2021 Aug;79(8):1706-1711.
- 2.)Majumdar S, Boddepalli R, Uppala D, Rao AK. Mesenchymal chondrosarcoma of mandible. J Oral Maxillofac Pathol. 2016 Sep-Dec;20(3):545.