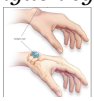
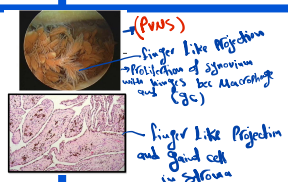
Joint Tumor

Pathology		Clinical	Treatment	Notes
Ganglion cyst 	The pathogenesis is unknown (benign)	Close to joint ,dorsum Of wrist	Surgical Removal	No communication with synovial / not true cyst
True synovial cyst	Baker cyst around the knees and / it's cyst lined by synovial lining	The herniation of synovial membrane , and it cuz pressure on nerve/vain lead to DVT in legs		Benign
Tenosynovial giant cell tumor	Benign neoplasm of synovium T(1;2)(p13q;37) affect collagen IV Sign marker of genetic Problem	Diffuse (PVNS)=more dangerous /affects knee joint Localized =less dangerous affect small hand tendon		

Soft tissue Tumors

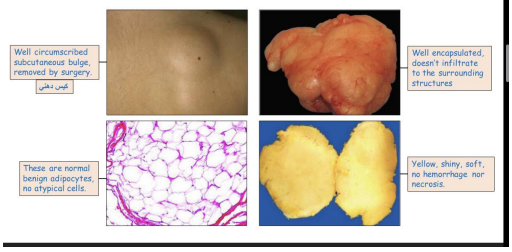
1-

ADIPOSE TISSUE TUMORS:

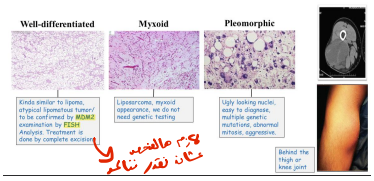
LIPOMA (Benign)	LIPOSARCOMA (Malignant)
• Most common soft T tumor	• Most common sarcomas in adults. >50 years
• Well-encapsulated, subcutis	• Most common locations Extremities and retroperitoneum
• Mature fat cells, Shiny yellow color	• 3 types:
• Treatment: excision	• Well Differentiated (MDM2 gene chr 12) difficult to diagnose bc. Histologically it looks like lipoma but when the tumor is located in the extremity or in the retroperitoneum more than 10-15cm in Size, u have to do further analysis like MDM2 gene mutations which is specific for WD liposarcoma & chr12
• They are palpable, superficial, small.	• Myxoid, t(12,16) easy to diagnose under LM
• MDM2 tests are still carried out to make sure that the tumor is not malignant	• Pleomorphic (aggressive) easy to diagnose under LM
	• Large, metastatic, fatal, deep

You completed 50% of this lecture.

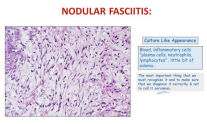
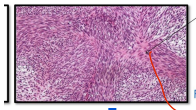
LIPOMA PATHOLOGIC FEATURES:



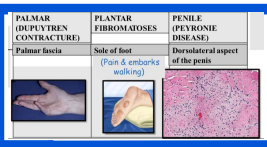
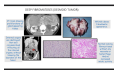
LIPOSARCOMA FEATURES:



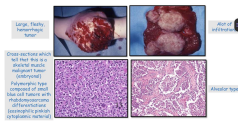
fibrous Tumor

Nodular fascitis	Benign, thought to be reactive process/clonal t(17;22)	Trauma and after periods have enlarged mass	Maybe self limiting	
Fibromas	Benign profiling ion of fibroblast (skin,subcutaneous ttissue			
Fibrosarcomes	Malignant (superficial cutaneous tumor	Bigger and quickly discover bec it superficial we can feel them		

Fibroblast Tumor

Superficial fibromatoses	Infiltrative benign fibrolastic → Local To it's matching and recurring	Run in family / May impact function affect organs	PALMAR (DUPUYTREN CONTRACTURE) / PLANTAR FIBROMATOSES / PENILE (PEYRONIE DISEASE); Palmar fascia / Sole of foot / Dorsolateral aspect of the penis; (Pain & embarks walking)  They are The Same Under The Microscope
Deep fibromatoses 20-30 g / female ?	Deep infiltrive but bland Doesn't Metastasis	Mutation in CTNB1(B-catenin) Or ABC (strain (+))	Completely excision is need to prevent recurrence / and We Should Taking Safe Margin (4-5cm) bec it' infiltirating The Surround Tissue 

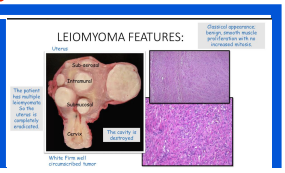
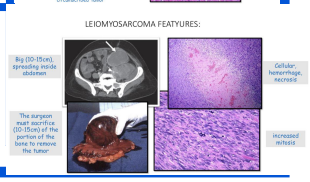
Skeltal Muscle Tumor

Pathology			
rhabdomyoma	Benign and rare occurs with tuberous sclerosis (CNS disease).	Rhabdomyoma usually occurs in the tongue and in the heart,	
Rhabdomyosarcoma (RMS	malignant prototype; most common child sarcoma	Aggressive tumors (high grade); treated by surgery, CT +/- RT	

Smooth Muscle Tumor

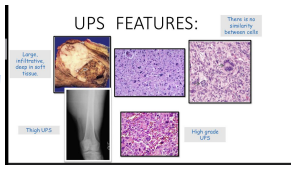
Fibroid اللي بالرحم when female Patient Tell you (فايبرويد) = Leiomyoma in the uterus

Smooth muscle cell = blood vessels , uterus ...

Leiomyoma	Benign common in any site/ Fibroid most common	well circumscribed, not infiltrative, no hemorrhagic necrosis, and firm white appearance)	
Leiomyosarcoma adults / female	Maligent Deep soft tissue, extremities and retroperitoneum or from great vessels, uterus.	Hemorrhage, necrosis, increased mitosis (abnormal/malignant) and infiltration of surrounding tissue	

Tumor of uncertin origin

Spiny = remove Tumor without remove whole limb

SYNOVIAL SARCOMA r (it's called synovial sarcoma but doesn 't arise from the synovial sites 20-40 g Adult	T(X;18)(p11;q11) fusion genes SS18... (confirmed through FISH analysis) • Histologically they are either Monophasic (only spindle cells) or biphasic (spindle cells and glands) • Trx: aggressive with limb sparing excision + CT • 5 year survival 25-65% depending on stage (they need multimodality MDT approach) • Metastasis: lung and lymph nodes	
UNDIFFERENTIATED PLEOMORPHIC SARCOMA (UPS):	High grade mesenchymal sarcomas of pleomorphic cells that lack cell lineage Large tumors; anaplastic and pleomorphic cells, abnormal mitoses, necrosis, metastasis & infiltration	 Trx: aggressive with surgery and adjuvant CT +/- RT; poor prognosis