

## **Synovial cell sarcoma**

### **Definition**

This is a malignant mesenchymal tumour that arises adjacent to a joint.

### **Epidemiology**

Seen most frequently between 15 and 35. This is younger than most sarcomas. Rob SH says more common in females.

4<sup>th</sup> most common soft tissue sarcoma.

### **Site**

Approximately 70% of tumours are found in the lower extremity.

Synovial sarcoma is the most common sarcoma in the foot.

### **Aetiology**

The tumour arises from mesenchyme, not from synovium. It occurs close to tendon sheaths, bursae and joint capsules.

A chromosomal translocation (X;18) is characteristic.

### **Clinical**

Painful, palpable soft tissue mass. Dee and Hurst: any adult presenting with an extremity mass must be presumed to have a sarcoma until proven otherwise.

### **Radiology**

Soft tissue mass, calcified in up to 50%. The calcification helps to distinguish from PVNS.

### **Pathology**

Grossly the tumour appears as a firm well circumscribed multinodular mass.

Biphasic microscopic appearance with fibrous and epithelial elements. The epithelial components are typically cuboidal epithelium arranged in glandlike forms.

### **Treatment**

Radical excision with chemotherapy.

### **Prognosis**

Lung metastases occur in around 70%.

Five year survival rate is poor, around 20%.