Congenital Ewing's Sarcoma, a Rare and Difficult Diagnosis: A Case Report

Gulsah Aynaoglu Yildiz, Omer Erkan Yapca, Ragip Atakan Al, Metin Ingec

ABSTRACT

We have interestedly read the article written by Thalia Wong BS in July 2015, which is about Pediatric Blood Cancer, including clinical findings and results of infants <1 year of age with Ewing sarcoma. We report a case with congenital Ewing's sarcoma that easily interfered with rabdomyosarcoma in a pregnant woman. A 32-year-old multigravida with a big neck mass at 35 weeks was referred to our clinic. The final diagnosis of extraskeletal Ewing's sarcoma was made. Hepatic metastasis was detected and treatment by chemotherapy was initiated. Ewing's sarcoma is usually noted among adolescents or young adults and more rarely than among newborns.This case is important because of its rarity.

Keywords: Neuroblastoma, rhabdomyosarcoma, Ewing's sarcoma

Introduction

We have interestedly read the article written by Thalia Wong BS in July 2015, which is about Pediatric Blood Cancer, including clinical findings and results of infants <1 year of age with Ewing's sarcoma [1]. Congenital Ewing's sarcoma is actually a rare case. Morever, it is difficult to diagnose. The objective of presenting the following case is that there are a few cases of newborn infants with a diagnosis of congenital ewing sarcoma and fewer still with prenatal diagnosis.

Case Presentation

We report a case with congenital Ewing's sarcoma that easily interfered with rabdomyosarcoma in a pregnant woman. A 32-year-old multigravida with a big neck mass at 35 weeks was referred to our clinic. Prenatal ultrasound studies revealed no abnormality. Ultrasound results at 35 weeks showed a single viable fetus which presented in the neck-scapular position. The fetus had a large and solid cystic mass including a septa originating from the right side of its neck, measured 15×10×9 cm (Figure 1). The lesion extended from the lower part of the mandibula and occupied the right of the neck to shoulder, and the diagnosis of rabdomyosarcoma was made. Fetal magnetic resonance imaging scan was performed to assess the connection of the mass with adjacent structures. Fetal magnetic resonance imaging showed a 15×10×9 cm enhancing, hypervacular soft tissue mass which contained cystic and solid areas. There was no sign of intracranial infiltration and intratoracic extension (Figure 2). At 38 weeks, the patient applied to another institution for delivery. As per our knowledge, she

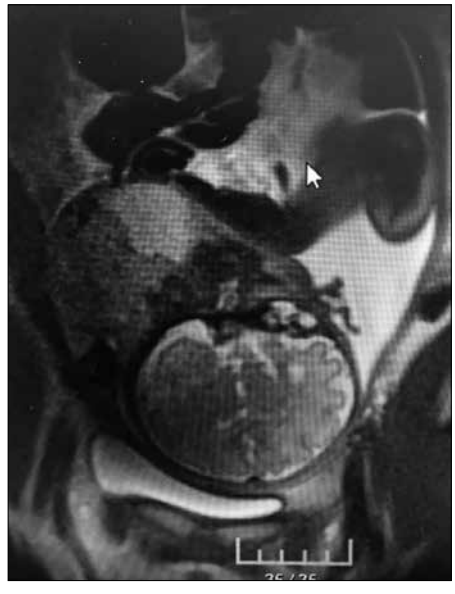

Figure 1. Ultrasonographic image of the large and solid cystic mass, including a septa, originating from the right side of the neck.

Cite this article as: Aynaoglu Yildiz G, Yapca OE, Al RA, Ingec M. Congenital Ewing's Sarcoma, a Rare and Difficult Diagnosis: A Case Report. Eurasian J Med 2018; 50(3): 202-203.

ORCID IDs of the authors:
G.A.Y.: 0000-0002-3283-7783
O.E.Y.: 0000-0002-5578-0126
R.A.A.: 0000-0003-2921-1891
M.I.: 0000-0001-8585-0968

Department of Gynecology and Obstetrics, Atatürk University School of Medicine, Erzurum, Turkey

Received: February 5, 2018
Accepted: April 7, 2018

Correspondence to: Gulsah Aynaoglu Yildiz
E-mail: gulsahayna@gmail.com

DOI 10.5152/eurasianjmed.2018.18019

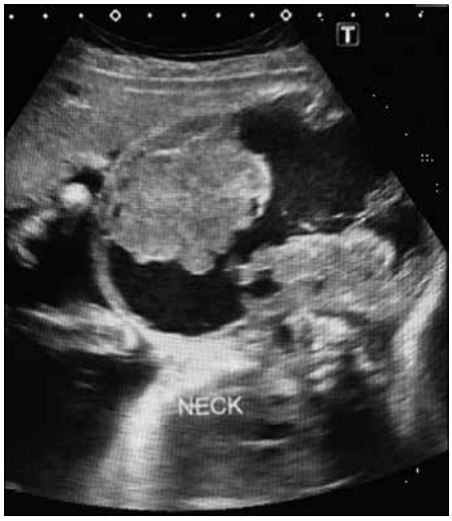

Figure 2. Magnetic resonance image of the hypervascular soft tissue mass which contained cystic and solid areas.

delivered a male baby by cesarean section at 38 weeks of gestation. The weight at birth was 4000 g with a large mass on the right side of the neck measuring approximately 15×10×10 cm. He underwent operation on the second day of birth. Recent pathology report indicated Ewing's sarcoma, so the final diagnosis of extraskeletal Ewing's sarcoma was made. Hepatic metastasis was detected and treatment by chemotherapy was initiated.

Written and informed consent from the patient's parents was obtained for publishing this case report.

Discussion

Ewing's sarcoma is usually noted among adolescents or young adults and more rarely among newborns. The most frequently observed location of the sarcoma are the torax, abdomen and extremities [2]. Extraskeleteal Ewing's sarcoma usually affects the extremities, pelvis, and soft tissues of the trunk and is rare in neonates. This case is important because of its rarity. The median age of the patients diagnosed with this disease is 14–22 years. Congenital masses of the neck are usually benign. Malignant masses are relatively rarer and those constitute 0.5%–2% of all childhood malignancies [3, 4]. Vascular and lymphatic malformations, teratoma, hemangioma, neuroblastoma, and rhabdomyosarcoma should be considered in the the differential diagnosis of congenital neck masses.

Although rare, during perinatal period they might be considered as one of the differential diagnosis of malignant masses of the neck.

Informed Consent: Informed consent was obtained from the parents of the patient.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept – M.C., Y.T.; Design – C.C.; Supervision - M.C., Y.T.; Resources – M.C., Y.T.; Materials – M.C., C.C.; Data Collection and/or Processing – M.C., C.C.; Analysis and/or Interpretation - M.C., C.C.; Literature Search - M.C., C.C.; Writing Manuscript - M.C., C.C.; Critical Review - C.C.

Conflict of Interest: Authors have no conflicts of interest to declare.

Financial Disclosure: The authors declared that this study has received no financial support.

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