
Low Grade Myofibroblastic Sarcoma of Tongue: a Case Report

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Summary

A case of a 24-year-old woman with a 6 weeks lasting nodule of the right margin of the tongue is described. The nodule was 20 mm in diameter and showed surface ulceration. The diagnosis of low grade myofibroblastic sarcoma was supported by histological, immunohistochemical and electronmicroscopic examination. Although the tumor resection was not complete, the patient is free of disease 1 year after operation. The differential diagnostics of low grade myofibroblastic sarcoma is discussed.

Key words: tumor – oral cavity – tongue – low grade myofibroblastic sarcoma

Souhrn

Low grade myofibroblastický sarkom: kazuistika

Autoři prezentují případ 24leté ženy se šestiměsíční anamnézou nádoru pravé hrany jazyka. Nádor byl povrchově exulcerovaný a měřil 20 mm v průměru. Na základě histologického, imunohistochemického a elektronmikroskopického vyšetření byla stanovena diagnóza low grade myofibroblastický sarkom. Ačkoli nádor nebyl odstraněn úplně, pacientka je 1 rok po operaci bez klinických známek lokální recidivy či generalizace nádoru. V článku je diskutována diferenciální diagnostika této méně časté léze.

Klíčová slova: nádory – dutina ústní – jazyk – low grade myofibroblastický sarkom

Čes.-slov. Patol., 42, 2006, No. 3, p. 150–153

Low grade myofibroblastic sarcoma (LGMS) is a distinct myofibroblastic malignancy with predilection for the head and neck region which occurs predominantly in adult patients with slight male predominance. Although LGMS shows a wide anatomic distribution, oral cavity and tongue seem to be preferred locations (12). Histologically, LGMS is an infiltrative lesion composed of spindle-shaped cells with eosinophilic cytoplasm and fusiform nuclei. The immunophenotype of tumor cells is variable: actin positive/desmin positive, actin positive/desmin negative and actin negative/desmin negative. Ultrastructurally, the tumor cells are consistent with myofibroblasts.

The differential diagnostics of myofibroblastic lesions is very difficult and based mainly on careful examination of slides stained with hema-

toxylin-eosin. The electronmicroscopic examination can support the origin of tumor cells.

Case report

A 24-year-old woman presented a painless lesion of the right margin of the tongue lasting for 6 weeks. Clinical examination showed a firm, ulcerated nodule of 20 mm in diameter (Fig. 1). The remaining mucosa of the oral cavity showed no abnormality; there was no regional lymphadenopathy.

Except for smoking 5 cigarettes per day, the personal history of the patient was negative.

A resection of the lesion was performed and material was sent for histological examination.

Although the tumor was not removed completely, the patient is free of disease 1 year after operation.