An Unexpected Case of Undifferentiated Embryonal Sarcoma in a Pregnant Adult

CSF Fresno

Sameeha Khalid, DO, Timothy Wang, MD, Marina Roytman, MD University of California San Francisco, Fresno School of Medicine, Fresno, CA



Introduction

- Undifferentiated embryonal sarcoma is an aggressive tumor most often seen in children and rarely seen in adults.
- Correct diagnosis is often delayed and can only be confirmed with histologic examination.

Case Report

- HPI: A 25-year-old female six weeks pregnant presented with acute abdominal pain radiating to right shoulder.
- Physical Exam: RUQ tenderness to palpation, no signs of advanced liver disease.
- Labs: ALT 81 IU/L. Tumor markers negative.
- Pregnancy was determined to be non-viable.
- Imaging: US abdomen with 13 cm liver mass.
 Triple-phase CT scan (Figure 1) with mass most compatible with a cavernous hemangioma.
 Tumor board recommended repeat imaging in 3 months.

Imaging



Figure 1. Initial CT (arterial phase) with 13 cm liver mass with some peripheral hyper-enhancement.

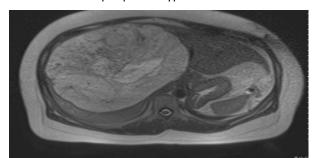


Figure 2. MRI one month later with growth of liver mass to 18 cm with central cystic changes.

Patient Course

- Re-presented one month later with ongoing abdominal pain. Alk phos 195 IU/L, ALT 154 IU/L, AST 136 IU/L, total bilirubin 2.2 mg/dL. MRI with interval growth of liver mass to 18 cm (Figure 2).
- Liver biopsy revealed undifferentiated embryonal sarcoma
- Suffered bilateral pulmonary emboli requiring heparin drip, which lead to primary tumor rupture requiring IR embolization.
- Started on neoadjuvant chemotherapy with plan for potential resection in the future.

Discussion

- Unusual to see embryonal sarcoma present in an adult.
- Presentation was somewhat atypical for hemangioma: acute pain without significant hemorrhage, rapid interval growth of the tumor.

 Large hemangiomas can behave atypically though.
- Multi-disciplinary team and high clinical suspicion are needed for diagnosis and treatment of this rare malignancy.