



CLINICAL IMAGE IN GASTROENTEROLOGY

## Intra-abdominal synovial sarcoma<sup>☆</sup>

### Sarcoma sinovial intraabdominal

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A 30-year-old man presented with colicky abdominal pain in the left hemiabdomen of 3-month progression along with the sensation of fullness. Physical examination revealed a hard, fixed 8 x 8 cm palpable mass in that area. Laboratory test results were normal. A contrast-enhanced abdominal computed tomography scan corroborated the presence of a mass in the left hemiabdomen. The patient underwent surgery resulting in the histologic diagnosis of synovial sarcoma (fig. 1).

Synovial sarcoma is the fourth most common type of soft-tissue sarcoma. Eighty to 95% of the cases present in the limbs. Fewer than 100 cases report it at the intra-abdominal level.<sup>1</sup> The histologic subtypes are: monophasic, biphasic, and poorly differentiated. They arise from transposition (X; 18) and have a high mortality rate due to local tumor extension. Histopathologic and immunohistochemical diagnosis is indispensable.<sup>2</sup> In tomography, the most frequent aspect of synovial sarcoma is that of a heterogeneous soft tissue mass with attenuation similar to that of intravenous contrast-enhanced muscle.<sup>3</sup> Less attenuated areas repre-



**Figure 1** Contrast-enhanced coronal computed tomography multiplanar reconstruction in the venous phase showing a mass with no calcification with heterogeneous enhancement in the left hemiabdomen adjacent to the jejunal segments (A). Notice the metastatic satellite lesions with similar characteristics (B and C).

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senting bleeding or necrosis are also frequent. Small lesions tend to be homogeneous and well-defined margins are found in 53% of cases.

### Ethical responsibilities

**Protection of persons and animals.** The authors declare that no experiments were performed on humans or animals for this study.

**Data confidentiality.** The authors declare that no patient data appear in this article.

**Right to privacy and informed consent.** The authors declare that no patient data appear in this article.

### Conflict of interest

The authors declare that there is no conflict of interest.

### References

1. Fisher C, Folpe AL, Hashimoto H, Weiss SW. Intra-abdominal synovial sarcoma: A clinicopathological study. *Histopathology*. 2004;45:245-53.
2. Chatzipantelis P, Kafiri G. Retroperitoneal synovial sarcoma: A clinicopathological study of 6 cases. *J BUON*. 2008;13: 211-6.
3. Mahender KN, Madan R, Pathania OP, Anand R. Primary intra-abdominal synovial sarcoma. *Appl Radiol*. 2007;36, 48A-48D.