

Monophasic Synovial Sarcoma of Buccal Mucosa—A Rare Presentation

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A 36 years old male, presented to the Department of Oral and Maxillofacial Surgery of Abbasi Shaheed Hospital, Karachi, Pakistan, with the complaint of swelling on the left side of the face for more than 1 year.

Extraoral examination revealed that the swelling was 7 x 7cm in size, intact and palpable, starting from the zygomatic arch and extending to the lower border of the mandible. The swelling was firm, non-tender, non-fluctuant, non-pulsatile, well localized, with well-defined margins, and overlying skin appeared normal.

There were no other complaints of pain, burning sensation, or paresthesia (Figure 1). The intraoral examination revealed intact occlusion, poor oral

hygiene, dentate and normal oral mucosa with non-significant bony contours. The mouth opening was 40 mm. There was no deviation of the mandible on the opening or closing of the mouth (Figure 2). CT scan of the face with contrast from the base of the skull to thoracic inlet revealed a heterogeneous mass in the left buccal region, an appearance suggestive of a neoplastic lesion (Figure 3). The patient underwent excision of the buccal mass under general anesthesia and the mass was sent for histopathological examination. Histopathological analysis showed epithelial components around the glandular spaces and arranged in solid nests surrounded by spindle components (Figure 4).

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Figure 1 and 2: Shows extra-oral and intra-oral features of swelling



Figure 3: CT scan of the face with contrast from the base of the skull to the thoracic inlet revealed heterogeneously enhancing mass in left buccal mucosa extending superiorly into the infra temporal fossa with internal calcific foci. Significant bulge of overlying skin is noted. Adjacent subcutaneous tissues and skin remains intact. It is abutting and bulging the posterior wall of sinus and causing cortical erosion of alveolar process of maxilla

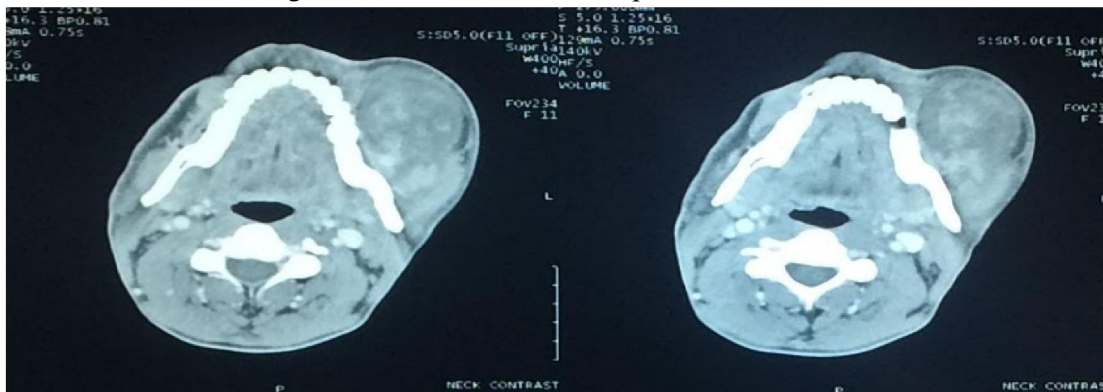


Figure 4: Histopathological slide suggestive of synovial sarcoma of the mandible Histopathological slide showing epithelial component around the glandular spaces and arranged in solid nests surrounding by spindle component (Hematoxylin and eosin stain, $\times 400$)

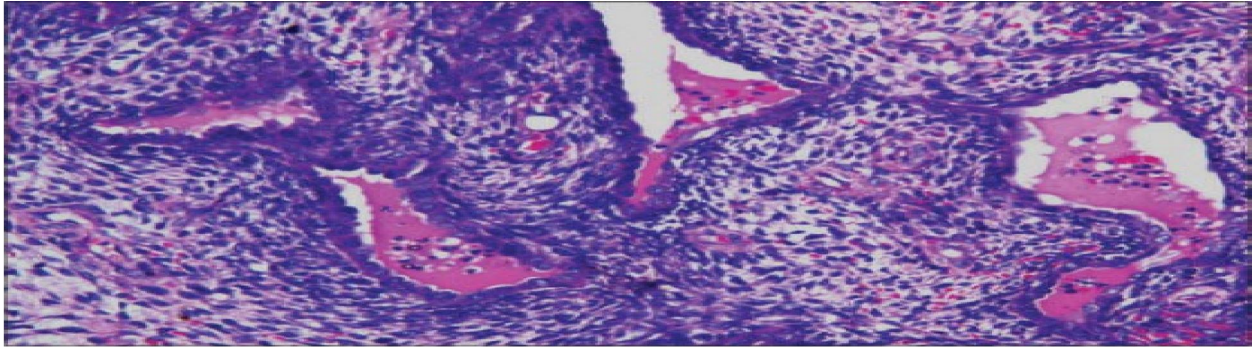


Figure 5: Immunohistochemistry revealed strong nuclear positivity of tumor cells for Transducer-like enhancer of split-1 in both spindle and epithelial component (Immunohistochemistry stain, $\times 100$)

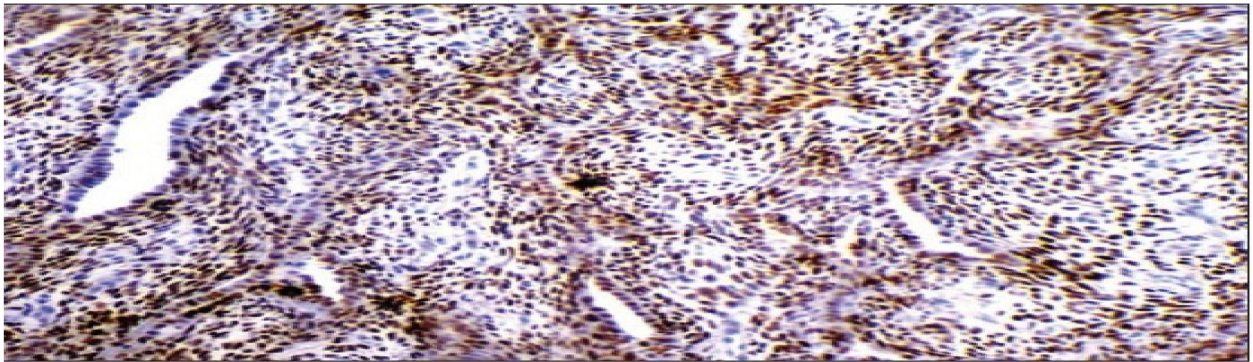


Figure 6: Post-operative photo after 1 week



The immunohistochemistry studies showed strong nuclear positivity of tumor cells for transducer-like enhancers of split-1 (Figure 5). The final diagnosis of monophasic synovial sarcoma was made based on histopathological and immunohistochemical features. The patient did well postoperatively (Figure 6) and follow-up for 2 years had no signs and symptoms of recurrence.