Giant chondrosarcoma of shoulder girdle

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A 33-year-old female came to us with a large swelling over her shoulder, which appeared like she was carrying a child on her back. She gave the history of gradually progressive swelling over the left shoulder since a year and dull aching localized shoulder pain since 10-days. A hard, fixed, non-tender swelling measuring 40 x 36 x 20 cm with an ulcerated surface and everted edges was seen over the left shoulder (Fig. 1). The shoulder movements were restricted with no neurovascular deficits. X-ray revealed a large soft tissue opacity involving the scapula, upper end of humerus and fracture of the acromial end of clavicle (Fig. 2). There was no clinical or radiological evidence of systemic metastasis. Fine needle aspiration biopsy of the lesion showed a well-differentiated chondrosarcoma. At surgery, the tumor was found to be large, well circumscribed with destruction of scapula and the upper end of humerus. Limb salvage was considered unlikely due to involvement of the surrounding structures including the nerves. Forequarter amputation of left shoulder was done. The final histopathology revealed well-differentiated (grade 1) conventional chondrosarcoma. The patient is recurrence free at five-year follow up.

Giant chondrosarcomas have been reported earlier [1] but never of this size with a good prognosis. The prognosis depends on the stage, location and size of the tumor. Tumors more than 10 cm are more likely to become aggressive [2]. In India, due to lack of awareness and proper medical facilities many patients even with superficial area tumors present quite late as in this case. Surgery is the main course of treatment and amputation though a mutilating surgery may sometimes be considered an option in the Indian set up.

Fig. 1 Clinical photograph showing a large swelling over the shoulder with an ulcerated surface

Fig. 2 Plain X-ray left shoulder A/P view showing soft tissue density with destruction of the clavicle

References

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