# PRIMARY INTESTINAL MALIGNANT FİBROUS HISTIOCYTOMA

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## SUMMARY

Primary intestinal malignant fibrous histiocytoma (MFH) is very rare. Diagnosis is usually by postoperative hystopathological examination. We report a case of intestinal MFH. A 42 - year - old woman admitted with an abdominal mass in the left lower abdomen, weight loss and anorexia of two months duration. CT examination demonstrated 39x60x40 mm. mass in the left of pelvis which may belong to small bowel. At surgery a multilobulated, sessile mass on the antimesenteric border of the ileum was found, and segmental ileal resection and end to end anastomosis was done. Histopathological examination revealed MFH. Gastrointestinal occurence of MFH is very rare, we found only three cases in English literature.

Malignant fibrous histiocytoma (MFH) is the most common soft tissue sarcoma found in elderly patients, and occurs predominantly in the extremities and retroperitoneum.

Primary intestinal MFH is rare. A search of English literature revealed only 3 reported cases (1, 2, 3).

We report a case of ileal MFH, presented with an abdominal mass and had no symptom or sign directly related to GI system.

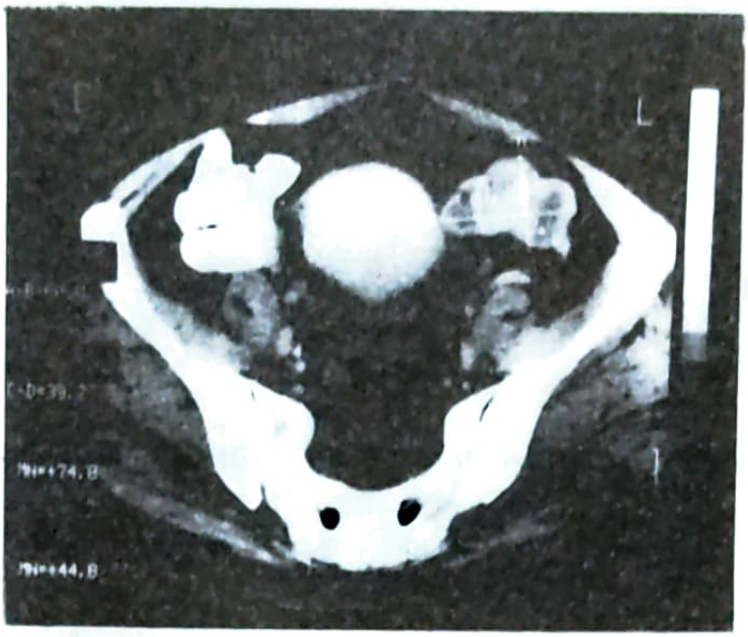


**Figure 1:** CT examination of the pelvis. 39x60x40 mm. mass. It was on the left, multilobulated and had microcalcifications



**Figure 2:** Gross appearence of the tumor consisting of a multilobulated, firm, solid mass on the antimesenteric border of the resected ileum

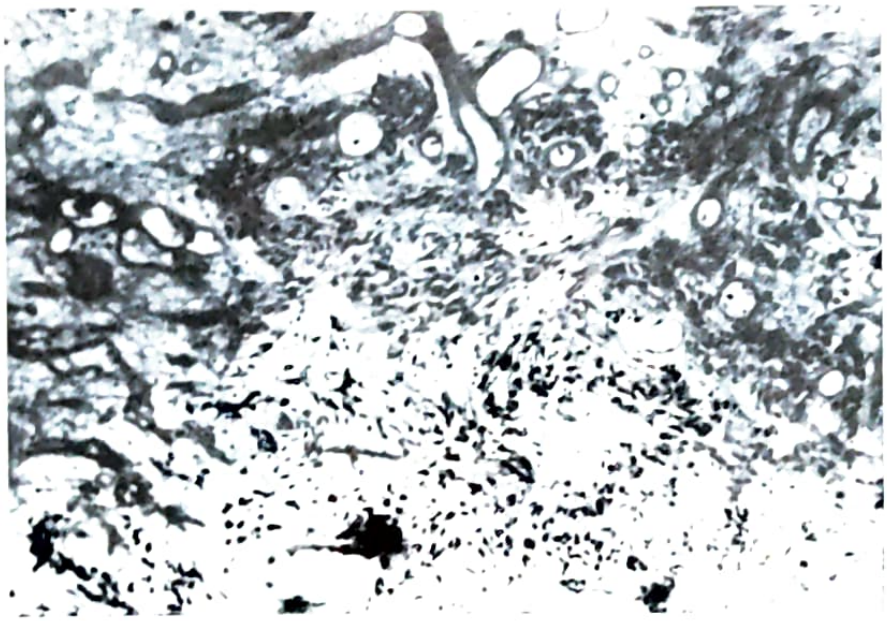


**Figure 3 :** Giant cells and atypical spindle cells arranged in storiform pattern. (HE x 80).

## CASE REPORT

A 42-year-old woman was refmerred with anorexia, malaise, and 6 kg. weight loss of two monthsduration. In physical examination a 4x4x6 cm. mass was palpated in the left lower abdomen. Results of laboratory tests showed 10 gr/dl of hemoglobin, erıtrocyte sedimentation rate 47 mm/hour. Chest rontgenogram was normal. CT examination of the abdomen and pelvis demonstrated a 39x60x40 mm. mass in the left of pelvis, which displaces with intestinal peristaltism and which may belong to small bowel. It had microcalcifications and was multilobulated (Figure 1).

At surgery a multilobulated sessile mass about 4x4x6 cm. was found on the antimesenteric border of the ileum. Segmental ileal resection and end-to-end anastomosis was done. There was no visible evidence of metastatic spread at the time of surgical exploration. She had no postsurgical adjuvant treatment.

She is well after 20 months of surgery and has no symptom or sign of recurrens or metastases.

The resected specimen measured 15 cm., and had a 6x3x3 cm. multilobulated mass over it (Figure 2). On cut sections the tumor was firm, solid and showed small areas of focal hemorrhage. Subsequent microscopic examination showed malignant fibrous histiocytoma.

Light microscope findings: there were areas of hemorrhage and necrosis. In the other regions there were giant cells and spindle cells arranged in storiform pattern. In some regions eosinophylic vacuoles were present (Figure 3).

## DISCUSSION

MFH, predominantly a tumor of adult life, can be seen in every age from 5-93. It typically occurs on the extremities-49% on the lower extremity, 19% on the upper extremity- and 16% occur in retroperitoneum and abdomen (4). Gastrointestinal occurence is very rare, so the clinical presentation differs from case to case. One case of intestinal MFH causing colonic intussusception, one case of acute abdomen due to bowel perforation because of MFH, and one case of rectal MFH had been reported in English literature (1, 2, 3).

Metastases of the tumor to lymph nodes and lungs, and local recurrence after local excision was reported. Biologically MFH is a highly malignant sarcoma. The four year survival rate of patients with MFH in the series of Kearney and Soule was 65% for superficial tumors, and 40% for deep tumors. Patients with retroperitoneal tumors had a 4 year survival rate of only 14% (5).

It seems logical to have a wide margin of resection around the tumor as early as possible in order to improve survival. Kearney and Soule gave better results for radically treated group (5).

## KAYNAKLAR


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