Secondary Sarcoma : Post Bone Marrow Transplantation

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Introduction

Bone marrow transplant is a well-known treatment procedure for most haematological malignancies. However, survivors of the above are at a greater risk for secondary malignancy. These malignancies can be categorized as solid tumors, secondary (treatment induced) acute myeloidleukemia (AML)/ myelodysplastic syndrome (MDS), and post-transplant lymphoproliferative disease (PTLD). [1]

Reporting

Patient was a survivor of chronic myeloid leukemia and had underwent allogenic stem cell transplant from her sibling. Her bone marrow transplant was then complicated with chronic graft versus host disease of the eye,skin and musculoskeletal.

She was in complete molecular remission when she presented to us with a swelling of the right lower back. MRI showed that it was a soft tissue tumour and we proceded with biopsy but it was not representative of the lesion. CT Thorax does not show any lung metastases. We have then proceeded with wide local excision of the lesion and histopathological reported as angiosarcoma.

The wound was treated with split skin graft and she was refered to oncology for adjuvant radiotherapy. She has completed 30 fractions of localized radiotherapy, complicated with wound breakdown but had later recovered and was disease free.

Sadly, after 18 months she presented again with left arm swelling measuring 14cm x 3cm, MRI reported as arising from the triceps muscle and histopathological reported as angiosarcoma. We are currently planning for wide local excision and adjuvant radiotherapy.

Conclusion

The transplant recipients were at significantly higher risk of new solid cancers than the general population. The risk was 8.3 times as high as expected among those who survived 10 or more years after transplantation. [2] Causes are chemotherapy, total body irradiation and immunosuppression given to support the transplant. However angiosarcoma are not commonly seen. This could be because most post-transplant patient do not survive long enough to develop secondary malignancy and many are lost to follow up.

References

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