



## A Case Report on Management of Sarcomatoid Carcinoma Lesion with Bowel Bladder Involvement with B/ L

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### ABSTRACT

**Introduction:-** One difficult aspect of head and neck pathology is the wide range of spindle cell lesions that can develop there, from reactive to malignant and extremely aggressive. This makes an accurate diagnosis necessary. Spindle cell carcinoma is the most significant of them in mucosal locations. The majority of malignant spindle cell neoplasms are then included in the differential diagnosis as they are all malignant.

**Present Complaints and Investigation:-** The clinical and diagnostic characteristics of Sp CC and a few benign or nonneoplastic lesions that can often be difficult to distinguish from complaints of difficulty walking and both lower limb weakness since 1 month. association with tingling and burning sensation in both lower limbs. Loss of urine sensation for 15 days, loss of stool sensation for 7 days

**Past History:** The patient went to a local hospital where the patient was managed with oral medication and referred to a higher center Patient was not admitted And not Operated.

**Main Symptoms and the significant finding:-**43-year-old male was admitted to hospitalWardha on a date. Jun 27/ 23 with a chief complaint of difficulty in walking and both lower limb weakness for 1 month, associated with tingling and burning sensation in both lower limbs Loss of urine sensation for 15 days Loss of stool sensation for 7 days

The primary diagnosis, therapeutic intervention, and outcomes: Following a physical examination and research, a history is taken and a physical exam, ECG, CBC, X-ray, MRI, and biopsy are performed. Posterior decompression at s<sup>1</sup>s<sup>2</sup>for spindle cell tumor at s<sup>1</sup> s<sup>2</sup> vertebra this surgery is done on the patient and the surgery is successfully done

**Conclusions:** Laryngopharyngeal inflammatory my of fibroblastic tumors are uncommon benign proliferative lesions. The use of curative conservative surgical management is encouraged.

**Keywords:-** Spindle cell, lesions, head, neck.

### Introduction:-

There are many different clinical and biochemical symptoms of head and neck spindle cell lesions. Though most are benign or just reactive, some are cancerous. Spindle cell lesions can develop on the mucosa, the soft tissues of the scalp, orbit, and neck, as well as the epidermis of the head and neck. (UADT) of the upper aerodigestive tract. The most frequent spindle cell lesion to develop along the UADT mucosa, spindle cell carcinoma (SpCC), has a variety of complex clinical and pathologic features. Sarcomatoid or spindle cell elements of this tumor may mimic reactive, benign, or malignant tumours.<sup>1</sup> SpCC is among the most intriguing and difficult head and neck tumors because of this. Even while this is the malignant lesion that appears most frequently, The lesion you discover the next morning might still be an uncommon mucosal manifestation of one of these other lesions. To examine SpCC of the UADT in light of this, this review will particularly draw from five primary clinical pathologic investigations covering 326 patients. Before describing how to distinguish SpCC from them, It will also evaluate a number of other benign, low-grade tumours that are not cancerous and can mimic it.<sup>2</sup>

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**Patient-specific information: -**

43-year-old male was admitted to AVBR hospital on the date 27 Jun 2023 with the complaint of difficulty in walking and both lower limb weakness for 1 month. association with tingling and burning sensation in both lower limbs. Loss of urine sensation for 15 days , loss of stool sensation for 7 days.

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**The primary concern and symptoms of the patient:-**

At the time of admission, the main symptoms were difficulty walking, loss of urine sensation, and loss of stool sensation. Whether it's chronic or intermittent, bone discomfort, A fractured bone where malignancy has weakened the bone is referred to as a pathological fracture., a tumour location that is tender or swollen, Having trouble moving a joint near the tumour, fatigue (excessive exhaustion that doesn't go away with rest or attempts to recharge), Malaise (a generalised feeling of being poorly without knowing why).

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**Medical, Family, and Psychology History:-**

Posterior decomposition at S<sup>1</sup>, S<sup>2</sup> for spindle cell tumor at S<sup>1</sup>, S<sup>2</sup> vertebra, the operation is done on date 06 July 2023. His family is from the middle class, and this case involves a nuclear family. He had good relationships with his family and was psychologically sound. He also knew the day, the hour, and the location.

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**Relevant past intervention with the outcome:-**

Posterior decomposition at s<sup>1</sup>s<sup>2</sup>for spindle cell tumor at s<sup>1</sup> s<sup>2</sup> vertebra this surgery is done on the patient and the surgery is successfully done after the surgery following medication are given ( INJ . PANTOPRAZOLE 40 mg, INJ. EMESET, DEXA, CEFRIAXONE + SULBATAM, INJ. DYNANAPAR AQ ) with all the treatment major the nutritious diet plan followed by the patient including ( Fruits, vegetables, beans, nuts, seeds and meats such as poultry and fish) it help to improving the batter condition.

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**Physical Examination:-**

The patient is totally conscious and the glass coma scale score is 15, which is normal. The Person The patient's general appearance is not excellent, he was undernourished, he was not active, and he had a very dull personality, even if his mental state is normal—he is oriented to time, place, person, and attainable goals. Additionally, he has not mentioned hygiene and personal grooming. The was alert and conscious of the time, day, and place.. He was ordinary and kept himself tidy. Physical inspection revealed no rashes or indications of recent bleeding. The patient's temperature was 99 degrees Fahrenheit, her heart rate was 100, and her blood pressure was 110/70 millimetres of mercury. During additional general systemic examinations, no anomalies were discovered. S1 and S2 sounds are heard in the chest, and there is no axillary lymph node enlargement or symmetrical lesion evident. Pleural effusion is also missing. There is no enlargement, bowel sound, fluid collection, or scarring on the liver, spleen, or abdomen in the abdomen. Upper and lower extremities are moving correctly.

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**Clinical finding:-**

The patient is fully responsive to all motor actions and is conscious and well-oriented to his surroundings. They were busy. He has mild body guilt. He is 52 kilogrammes in weight. Vital signs are normal. The patient is fully responsive to his relative, conscious, and well-oriented. They were busy. He has mild body guilt. He weighs 52 kg. Whether it's chronic or intermittent, bone discomfort, A fractured bone where malignancy has weakened the bone is referred to as a pathological fracture., a tumour location that is tender or swollen, Having trouble moving a joint near the tumor, fatigue (excessive exhaustion that doesn't go away with rest or attempts to recharge),Malaise (a generalised feeling of being poorly without knowing why).

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**Timeline:-**

20 days ago he was admitted to the hospital for treatment of spindle cell tumorlension with bowel bladder involvement with B /L the physician prescribed some medication such as Tab .zerodalsp BD, Tab. Calcium 500 mg BD, Tab. Cymoralfort TDS , Tab . LimceeBD.

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**Diagnostic Assessment:-**

43 old male has done history collection, physical examination, ECG ( Electrocardiogram), CBC, X-Ray, MRI, and biopsy. A particular blood test to identify spindle cell sarcoma does not exist. However, blood tests give your doctor crucial details they need to know about your health. Blood testing typically reveal information about your: plasma cells, organ performance, Enzyme concentrations (chemicals called enzymes enable organs to carry out critical activities). During a biopsy, a medical professional takes a sample of tissue from the tumour and sends it to a lab to have the cells examined. Spindle cell sarcoma patients typically get a needle biopsy. After numbing the tissue around the tumour, medical professionals utilise a tiny,

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**Diagnosis:-**

The orthopaedic doctors identified a spindle cell tumour lesion with intestinal bladder involvement in all physical examinations and investigations, and they recommended B/L therapeutic measures. The current case was treated medically, and antipyretics for fever were administered, including Tab. Zerodal sp BD, Tab. Calcium 500 mg BD, Tab. Cymorafort TDS, and Tab. Limcee BD. All of the treatments he received had positive results. He was able to carry out his activities because his sign symptoms had lessened.

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**Discussion:-**

Squamous cell carcinoma (SpCC) is a subtype that mimics a true sarcoma but has epithelial tumour cells rather than spindled or pleomorphic ones. Numerous alternative labels, such as Numerous cancers, comprising pleomorphic cancer, metaplastic carcinoma, and carcinosarcoma, have been identified as a result of years of debate regarding the pathophysiology of this spindled component. The hypothesis that squamous carcinoma "drives" divergent differentiation of carcinoma cells, the growth of a pseudo-sarcomatous stromal response, and so-called "collision" tumours, which occur when two different neoplastic clones join in the same lesion, is a theory that describes the growth of these lesions., are only a handful of the countless explanations for the morphology that have been proposed in the past.<sup>3</sup>

Numerous studies looking at the morphological, SpCC's immunohistochemical, ultrastructural, and molecular features over time have discovered epithelial traits in the spindle cell population as well as perceptible genetic resemblance between squamous and spindled squamous sections of biphasic tumours, emphasising unmistakably that Divergent differentiation of a true carcinoma is what causes the spindle cell component. Biphasic tumours in SpCC are typical. Thus, they consist of a typical squamous cell carcinoma. as well as a spindle cell or pleomorphic component. Because up to one-third of these tumours are monophasic pleomorphic or spindled, diagnosing carcinoma can be difficult.<sup>4</sup>

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**Conclusion:-**

Along the UADT mucosa, several atypical spindle cell lesions can appear. SpCC should be thoroughly examined and discounted prior identifying among the least frequent lesions because it is so prevalent. One can work through these challenging instances to make the correct diagnosis by carefully analysing the H&E morphologic features, focusing on the clinical condition and sparingly using immunostains.

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