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**Myelodysplastic disorder as the main performance of peritoneal primary sclerosing epithelioid fibrosarcoma on 18F-FDG PET/CT**

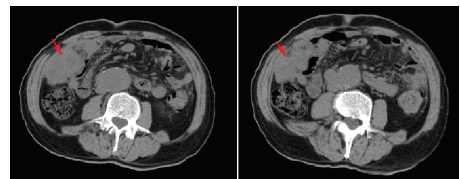
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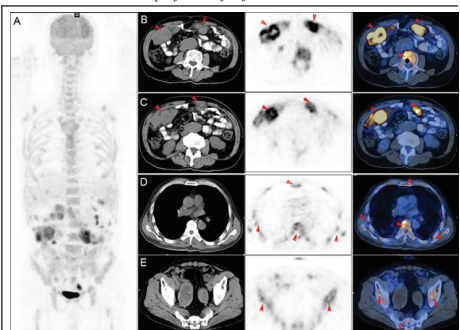
**Background:** Sclerosing epithelioid fibrosarcoma (SEF) is a rare soft tissue tumour. Primary SEF in peritoneal is exceedingly rare and has not been reported before.

**Case presentation:** A 67-year-old male patient was presented with progressive elevated white blood cells for 1 week in his routine physical examination. Abdominal CT examination revealed peritoneal multiple space-occupying lesions. Images of 18F-FDG PET/CT showed elevated 18F-FDG uptake in the peritoneal multiple mass. In addition, his cervical, thoracic and lumbar vertebra presented with wide range of high metabolism signs, but no bone damage manifestation. Histopathological examination of the peritoneal lesion and bone marrow cytology and morphology confirmed the diagnosis of peritoneal primary sclerosing epithelioid fibrosarcoma accompanied with leukemoid reaction.

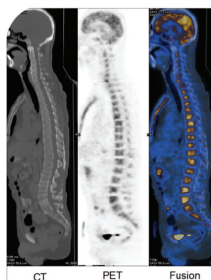
**Conclusion:** Here we describe a rare case of SEF arising from peritoneal, an unusual origin and location for such a relatively rare lesion. Besides, the atypical clinical manifestations and the typical imaging of this patient will provide guiding significance in diagnosing this disease.



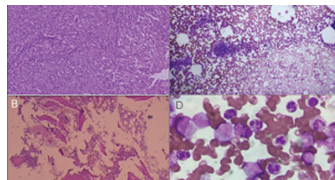
**Figure 1** A 67-year-old man was found abnormal peripheral blood leukocyte count in the Lab test, which fluctuated between 37720/ $\mu$ L and 78570/ $\mu$ L. Abdominal Pelvic CT showed peritoneum multiple occupying lesions in the parietal peritoneum, the largest of which was 6.0cm $\times$ 4.0 cm (Red arrow). His physical examination was unimpressive and there are no significant findings in the Gastroscopy and Colonoscopy, and 18F-FDG PET/CT was performed for further evaluation.



**Figure 2** Images of 18F-FDG PET/CT scan were acquired 1 hour after intravenous injection of 10 mCi of 18F-FDG with a blood glucose level of 76mg/dL (A). The images showed multiple peritoneal mass with soft tissue density and had an elevated FDG uptake with SUVmax of 8.5 (B,C). In addition, the cervical, thoracic and lumbar vertebra presented with wide range of high metabolism signs with increased FDG uptake (SUVmax, 4.8) (B,D,E), but no bone destruction presentation.



**Figure 3** 18F-FDG PET/CT sagittal image showed that the cervical, thoracic and lumbar vertebra presented with wide range of high metabolism signs with increased FDG uptake, but no bone destruction presentation.



**Figure 4** Histopathological examination revealed a neoplasm composed of spindle epithelioid cells. Immunohistochemistry indicated: Vimentin(+), CK(+), SMA(-), ALK(-), Desmin(-), CD34(+), CD3(-), CD117(-), MPO(-), DOG-1(-), CD20(-), CD68(+), Ki-67 index 30%-40%. The diagnosis of this patient was peritoneal primary sclerosing epithelioid fibrosarcoma (A). Hyperplasia of bone marrow and neutrophils were shown in the bone marrow pathology (B) and bone marrow morphology test (C,D), but no abnormal cells infiltration was found. Alkaline phosphatase detection for NAP was 271 points, NAP was 100% positive. The gene test of BCR/ABL and JAK2V617 were negative. The patient was finally diagnosed as peritoneal primary sclerosing epithelioid fibrosarcoma accompanied with leukemoid reaction.

**Biography**

Ping Sui received her medical postgraduate degree in a famous medical college five years ago in china and has passed the standardized training examination for resident physicians successfully. She has her expertise in comprehensive and targeted cancer therapy. Currently she is working as a professional oncologist in the Affiliated Yantai Yuhuangding Hospital of Qingdao University, Shandong, China.

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