

Purpose

The purpose of this case report is to show the importance of medical referral. As athletic trainers, it is easy to get stuck in what is considered to be typical medial inguinal pain and associate it with a groin strain. When in fact, inguinal pain can create an extensive differential diagnosis list that includes synovial sarcoma.

History

A female track athlete with reoccurring hip/inguinal pathology that did not improve with any treatment over the course of a year was eventually diagnosed with synovial sarcoma of an adductor muscle. The athlete's medical history revealed that her mother had Hodgkin's and non-Hodgkin's Lymphoma 20 years ago and 3 years ago.

Athlete's Surgery Site



Differential Diagnoses

The athlete first experienced a right hamstring injury during the 2008 track season in high school. It was said to be a torn hamstring muscle and rehabilitation was performed for 3 months. A complete recovery was made. Then in February 2011, the athlete injured her hip along the inguinal line while long jumping at a morning practice. She was immediately unable to bear weight. The athletic trainer suspected a sports hernia and a CT scan followed by an MRI were ordered. However, both the CT scan and the MRI showed nothing significant. After becoming somewhat healed, the athlete re-injured the leg while bowling. Approximately 2-3 days later, the athlete noticed that there was a bulge along the medial aspect of her upper right thigh. On March 29, 2012, an ultrasound was performed and the bulge was thought to be a torn quadricep muscle.

Diagnosis

The physician ordered an MRI and on April 3, 2012 the athlete was told that it was a possible benign Schwannoma tumor. A CT scan with contrast was then performed and showed nothing new. A biopsy of the tumor was taken on May 1, 2012 and the results, six days later, revealed a Synovial Sarcoma. A PET scan was performed and showed that the cancer was localized.

Treatment

The athlete began treatments on May 23, 2012 which consisted of a 6-day Ifosfamide drip chemotherapy treatment through a tunneled catheter. For neurological reasons the chemotherapy treatments were decreased to three days. After three rounds of chemotherapy another MRI was performed on July 18, 2012 to determine the size of the tumor. The results showed no change in size (measurement of 8 centimeters). A PET scan on July 19, 2012 revealed that the activity level of the tumor decreased from 6 to 2. On July 23, 2012, the athlete underwent surgery to remove the tumor. On August 3, 2012, radiation was administered along with a medication called Pazopanib, taken anywhere from two to five years. The athlete continued with 33 radiation treatments which were done five times a week with the last day scheduled on October 25, 2012. Another PET scan confirmed no further treatment was needed.

Prognosis

Athlete is now cancer free but has since suffered from other complications; such as, infection, lymphedema, and numbness and pain along the surgery site. Athlete was unable to meet her personal goal of participating in the 2013 track season.

Athlete's Synovial Sarcoma



Reference

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