

Mesenchymalchondrosarcoma as Expansile Lesion of Maxilla: A Rare Presentation

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Abstract: *Mesenchymalchondrosarcoma is one of the types of Chondrosarcoma, makes up less than 2–13% of all primary Chondrosarcoma. It usually appears in the 2nd and 3rd decades of life. This affects females more frequently than males. The current case is reported because of rarity of such lesions and paucity of information concerning them in literature. We report a case of 15 year-old young female patient with swelling right side of face and Right nasal obstruction for 1 year. X ray Paranasal sinus view (water's view) show ill-defined homogenous radio-opacity in right maxillary sinus region. CECT PNS shows expansile lesion right maxilla has soft tissue component and foci of coarse calcification and non-erupted tooth within the lesion.*

Keywords: Mesenchymal chondrosarcoma, enchondroma, osteochondroma

1. Introduction

Mesenchymalchondrosarcoma is one of the types of Chondrosarcoma, makes up less than 2–13% of all primary Chondrosarcoma.

It usually appears in the 2nd and 3rd decades of life. This affects females more frequently than males. The current case is reported because of rarity of such lesions and paucity of information concerning them in literature.¹

2. Case Report

A young 15 year-old female patient with swelling right side of face and Right nasal obstruction for 1 year who presented to ENT OPD was sent for radiological investigation. X ray and CECT PNS was done for localization and characterisation.

X ray Paranasal sinus view (water's view) was done which show ill-defined homogenous radio-opacity in right maxillary sinus region.

CECT PNS was done which show expansile lesion right maxilla has soft tissue component and foci of coarse calcification. Non-erupted tooth also seen within the lesion.

Biopsy was taken from lesion site and was sent to department of pathology which confirmed the diagnosis of Mesenchymalchondrosarcoma.



Figure 1: X ray Paranasal sinus view (water's view) done which show ill-defined homogenous radio-opacity in right maxillary sinus region

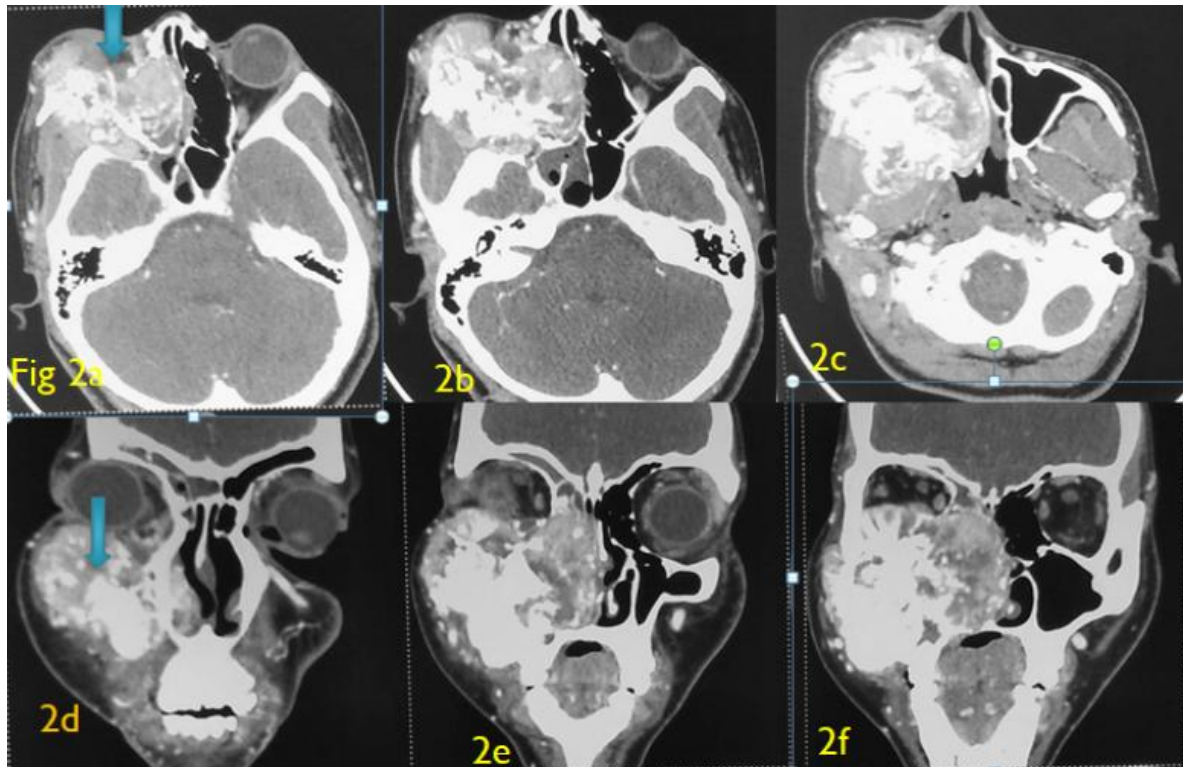


Figure 2: (a-c) (axial) & Figure 2d-f (coronal)CECT PNS was done which shows expansile lesion right maxilla has soft tissue component and foci of coarse calcification.

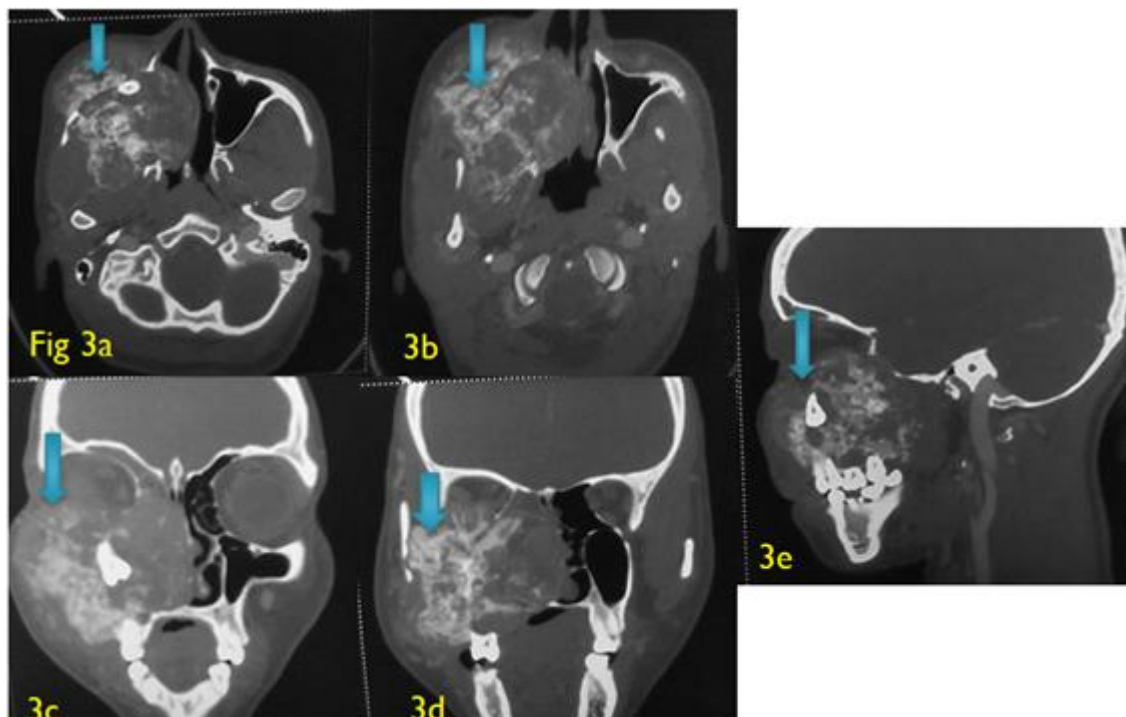


Figure 3: (a –b)(axial), Figure 3c-d (coronal) CT bone window images shows coarse internal calcification. Figure 3e (sagittal) CT bone window image shows non-erupted tooth within the lesion.

3. Discussion

- In review of literature few cases of mesenchymal chondrosarcoma are reported.²
- Chondrosarcomas are 3rd most common primary malignancy of bone after myeloma and osteosarcoma.³
- The etiology of MCHS is unknown. Patients may have a history of enchondroma or osteochondroma

- it is evident that these lesions represent a spectrum from benign chondroma to the malignant CHS
- The most common clinical finding of mesenchymal CHS is painless swelling, expansion of buccal and lingual plates, premature eruption or exfoliation of teeth.
- The radiological pattern of CHS is variable. it includes single or multiple radiolucent areas. These lytic changes are prominent in more advanced cases.

- Other findings are opacification of air spaces, a densely calcified bone mass and root resorption.
- The MCHSs of maxilla are classically treated by radical surgery with radiotherapy being used as an adjunct or a form of palliative treatment for recurrent lesions.
- The prognosis of MCHS of jaws is disappointingly poor as compared to that of long bones

4. Conclusion

In patients of expansile lesion of maxilla with radiating calcification the differential of mesenchymalchondrosarcoma should be suspected in addition to common lesions like hemangioma&ewing sarcoma.

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