

From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 28/04/2025 08:01 AM
Subject: Student CPC

Greetings from AIIMS, Rishikesh !!

The next student CPC is scheduled on **April 28, 2025** in **CPD Hall**, AIIMS Rishikesh from **8:00 AM to 9:00 AM**.

You can also join online through the following Webex link:

Meeting link:

<https://us06web.zoom.us/j/84534662895?pwd=Pwdo3tzGay4izsRgaLdirWhdqYMVR.1>

Monday, April 28, 2025, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting ID: 845 3466 2895

Passcode: 249203

The Clinical handout of the case to be discussed is attached herewith.

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

A Long Battle Fought Young: A Multidisciplinary Journey in a Pediatric Soft Tissue Malignancy

Student CPC Case Summary (to be presented on 28/04/2025)

Patient Name: Master S	Age/Sex: 6 years / M	Clinician in-charge: Dr. Amit Sehrawat
Residence: Rampur Uttar Pradesh	UHID - 20200056879	Clinical discussant (resident): Dr. Sai Prasath
Ward: Medical Oncology		Pathology discussant: Dr. Zaiad, SR pathology, under guidance of Faculty, Department of Pathology

Clinical Presentation

A 6-year-old male child presented with a gradually increasing swelling over the right gluteal region, noted to recur at a previously operated site. The swelling had been enlarging over a few months and became associated with intermittent pain and limited mobility of the right lower limb. No history of fever, trauma, or constitutional symptoms was reported. There was a history of prior surgical intervention at the same site around four months before presentation.

Clinical Examination

At presentation, the child was hemodynamically stable and interactive. Local examination revealed a firm, non-mobile, tender swelling fixed to underlying tissue, located in the upper outer quadrant of the right gluteal region.

The skin overlying the mass was shiny, and the swelling measured approximately 3 × 2 cm. No clinical evidence of regional lymphadenopathy was found.

Radiological and Histopathological Findings

Initial imaging with CECT thorax and abdomen (June 2020) revealed a soft tissue mass in the right gluteal region with multiple bilateral pulmonary nodules suggestive of metastatic disease. Enlarged right iliac lymph nodes were also noted. Bone scan was negative for skeletal metastases. Histopathology confirmed a high-grade undifferentiated sarcoma, and immunohistochemistry was positive for MyoD1, Myogenin, and Vimentin.

Treatment Timeline and Clinical Course

August 2020: The patient was initiated on chemotherapy under the Consensus RMS intermediate-risk protocol (VAC/VI). Whole lung irradiation (15 Gy/10#) was administered in November 2020, followed by local radiotherapy to the gluteal region (50.4 Gy/28#). He completed 40 weeks of chemotherapy in September 2021.

January 2022: Due to persistent residual disease on imaging, a surgical excision was performed by the pediatric surgery team. Histopathology post-excision revealed a fibroma.

April 2023: During a routine follow-up, the patient was found to have developed a new lesion in the paraspinal region. Imaging showed involvement of the erector spinae muscle and bilateral lung nodules. FNAC confirmed recurrence. Palliative chemotherapy with VIE was initiated.

February 2024: After five cycles of VIE, the patient underwent R2 resection of the paraspinal lesion. Histology showed a malignant mesenchymal tumor with positive margins. This was followed by radiotherapy to the paraspinal site (36 Gy/20#).

January 2025: Chemotherapy was continued with a modified weekly VIE protocol until end of January 2025. CECT imaging in October 2024 showed a complete response, which was sustained in follow-up imaging in February 2025.

Supportive Management and Observed Toxicities

Throughout the course of therapy, the child received regular supportive care including prophylactic growth factors post-chemotherapy, transfusion support during cytopenic episodes, and structured nutritional support facilitated by the hospital dietician team and CANKIDS. Treatment-related toxicities included episodes of Grade III/IV neutropenia, moderate to severe fatigue, diarrhea, and growth retardation.

Current Status and Areas for CPC Discussion

As of April 2025, the child is in clinical and radiological remission and is being followed up under active surveillance. This case brings forward multiple points of academic interest, including diagnostic dilemmas in pediatric soft tissue tumors, strategic integration of systemic therapy, surgery, and radiotherapy, and the management of recurrence in high-risk pediatric malignancies through a multidisciplinary approach. The final diagnosis will be revealed during the CPC session.