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Imaging of Soft Tissue Tumors

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Imaging of Soft Tissue Tumors

Third Edition

with 411 Figures in 1158 Separate Illustrations
and 38 Tables

 Springer

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Preface of the Third Edition

The Belgian Soft Tissue Neoplasm Registry (BSTNR) is a multiinstitutional database project involving the cooperation of nearly all magnetic resonance imaging (MRI) centers in Belgium. This initiative, which was started in 2001, had two main goals. First, the BSTNR provided a second opinion report (within 48 h) as a professional courtesy toward all cooperating radiologists. Second, the BSTNR served as a scientific data bank of soft tissue tumors, which are rare lesions in daily radiological practice. All cooperating radiologists had access to the data of the register for use in clinical scientific studies. The scientific value of the BSTNR increased with the installation of a peer-review group of pathologists, all of whom shared a large amount of experience in soft tissue tumor pathology. They reviewed the pathological findings of all malignant tumors, all exceptional tumors, and all tumors in which there was a discordance between MRI and histopathological findings. They guarantee that the pathological standard remains “gold.”

Until now we have included more than 1,500 histologically proven soft tissue tumors. This exceptional material constitutes the foundation of this third edition. We are grateful to all the coinvestigators of the BSTNR for their long-term contribution. We asked all coauthors to update their chapters with pertinent new data and images. We also asked them to respect the new World Health Organization classification of soft tissue tumors, which changed considerably in 2002, taking into ac-

count the usefulness of the classification for the radiologist. This implies that tumors have moved from one chapter to another according to their tissue of origin and their malignancy grade, e.g., the formerly named malignant fibrous histiocytoma, the synovial cell sarcoma, the hemangiopericytoma, and the solitary fibrous tumor. We also asked our coauthors to include at the end of their chapters a shortlist of striking features and a concise message to take home. The content of many chapters has changed substantially, e.g., the chapter on tumors of connective tissue, on pseudotumors, on biopsy of soft tissue tumors, and on posttreatment follow-up. The chapter on imaging strategy is tuned according to evolution of the MR technique and sequences. In the chapter on MRI, we omit the general principles of the method and focus on the sequences that are currently used in the study of soft tissue tumors. The index at the end of the book is better organized and more comprehensive. Finally we have added two new chapters, one on pathology and a second on molecular biology and genetics. We asked both authors to focus on those features that are most important to radiologists, who will be the main readers of this book. We are grateful to Springer-Verlag for giving us the opportunity to produce a third edition of a book on a radiological subject, which is a rather exceptional event.

Antwerp, March 2005

Arthur M. De Schepper

Preface of the Second Edition

At the time of writing, our group has had more than 10 years' experience in the imaging of soft tissue tumors. We are now, –more than ever,– convinced that a multidisciplinary dialogue between orthopedic surgeons, oncologists, pathologists and radiologists is imperative for the medical management of these lesions. The common goals of all specialists dealing with soft tissue tumors should be: early detection, minimally invasive staging and grading procedures, specific diagnosis (or suitably ordered differential diagnosis), guided percutaneous biopsies, and the most suitable therapy. This approach will guarantee the patient the optimal chances of survival with the best possible quality of life. To help us achieve these goals, we have established a Commission for Bone and Soft Tissue Tumors at the University Hospital in Antwerp, which convenes every 2 weeks. This multidisciplinary group formulates opinions and recommendations on diagnosis, prognosis, treatment and follow-up, and is highly valued by referring physicians. In addition, we are organizing a Belgian Registry of Soft Tissue Tumors with the cooperation of all Belgian centers in which MRI equipment is available and intend to invite students and investigators from all over the world to share our scientific interest in this fascinating field of medical imaging.

The main objective of this second edition of *“Imaging of Soft Tissue Tumors”* is to provide radiologists with an updated and easy-to-read reference work. This second edition includes new literature references and illustrations. Older illustrations have been replaced with higher quality images, generated by newer equipment and/or MRI pulse sequences. New tables organizing information into summaries have been included and the subject index has been updated. Most importantly, the text contains newer insights (for instance about fibrohistiocytic tumors), and reflects our own experience of increasing understanding of soft tissue tumors and their imaging. The chapter about magnetic resonance imaging has been shortened, and now focuses mainly on principles, pulse sequences and applications that are directly related to the examination of soft tissues and soft tissue tumors. We have included new chapters on “Soft Tissue Tumors in Pediatric Patients” and “Soft Tissue Lymphoma”, and also a chapter on the controversial subject of (percutaneous) biopsy.

The readers and the reviewers of our book will judge whether we have succeeded in our objectives.

Finally, we would like to thank our editor and Mrs. Mennecke-Bühler at Springer-Verlag for sharing in the challenge of editing a second edition of this book on a rare pathology.

Antwerp, July 2001

Arthur M. De Schepper

Preface of the First Edition

Although the soft tissues constitute a large part of the human body, soft tissue tumors are rare, accounting for less than 1% of all neoplasms. The annual incidence of benign soft tissue tumors in a hospital population is 300 per 100000. Moreover, benign lesions outnumber their malignant counterparts by about 100 to 1. The clinical and biochemical findings of soft tissue tumors are frequently nonspecific. The first sign is usually a soft tissue swelling or a palpable mass with or without pain or tenderness. Laboratory results are frequently normal or show minimal nonspecific changes.

Until a few decades ago, detection of soft tissue tumors usually did not take place until late in the course of disease. This resulted from their low incidence and nonspecific clinical findings and from the poor sensitivity of conventional radiography, which was the only imaging technique available. Soft tissue tumors and soft tissue disorders in general were practically unknown to radiologists until the introduction of ultrasound and computed tomography (CT). Unfortunately, these methods suffered from inherent drawbacks, such as the poor specificity of ultrasound and the poor contrast resolution of CT.

Many of these problems were solved by the introduction of magnetic resonance imaging (MRI). Thanks to its high contrast tissue resolution and its multiplanar imaging capability, new horizons were opened for imaging soft tissues. Today, a correct assessment of disorders of bones, joints, or soft tissues is unimaginable without MRI.

In view of recent developments in surgery, radiation therapy, systemic chemotherapy, and regional perfusion techniques, the imaging of soft tissue tumors is gaining in importance. Correct diagnosis includes the detection, characterization, and staging of the lesions. The inadequate diagnosis and therapy of soft tissue sarcomas frequently results in tumor recurrence, necessitating major therapeutic "aggression." MRI is the optimal imaging technique for avoiding inadequate assessment.

Despite the interest of many groups of radiologists in the subject and despite the considerable number of overview articles that have been published in the radio-

logic literature, soft tissue tumors receive only minimal attention in modern state-of-the-art books on musculoskeletal imaging. Nevertheless, since all radiologists involved in the fascinating field of MRI are now confronted with tumoral pathology of soft tissues, there is a need for an illustrated radiologic guide on the subject.

From the beginning of our experience using MRI, back in 1985, we have been interested in soft tissue tumors. Our initial findings were discussed at an international congress in 1992. Conflicting findings in the literature concerning the sensitivity and specificity of MRI, which were mainly caused by the limited number of patients in published series, prompted us to start a multicenter European study. At the European Congress of Radiology 1993 in Vienna, 29 co-investigators from all over Europe agreed to participate (see the list 'Investigators of Multicentric European Study on Magnetic Resonance Imaging of Soft Tissue Tumors'). More than 1000 cases were collected, which constitute the basis of the radiologic work we prepared.

It was not our intention to write the 'all you ever wanted to know' book on soft tissue tumors. This objective has already been achieved for the pathology of soft tissue tumors by Enzinger and Weiss. Although their famous textbook contains a brief discussion of modern medical imaging, you will find it rarely on the office desk of radiologists. This present book is intended to serve as a reference guide for practising radiologists and clinicians seeking the optimal imaging approach for their patients with a soft tissue tumor.

The book is divided into four sections. In the first section we discuss the different imaging modalities and their respective contribution to the diagnosis of soft tissue tumors. As MRI is generally accepted to be the method of choice, there is a detailed theoretical description of this technique combined with a short discussion of imaging sequences. We also included a chapter on scintigraphy of soft tissue tumors, in which the current literature on the subject is summarized because scintigraphy was hardly used in our own patient material.

The second part deals with staging and characterization of soft tissue tumors and is concluded by a

chapter on general imaging strategy. Tumor-specific imaging strategy is, where needed, added at the end of the tumor-specific chapters, which are collected in Part III. These chapters include a short description of epidemiology, clinical and pathological presentation, and a detailed discussion of imaging findings. For this Part, we used the classification of E.B.Chung (Current classification of soft tissue tumors. In: Fletcher CD, McKee PH (eds) Pathobiology of soft tissue tumors, 1st edn. Churchill Livingstone, Edinburgh, 1990, pp 43–81), which is an updated version of the most comprehensive system of classification, that of the World Health Organization. Because the illustrations originate from different institutions using different MR systems and pulse sequences, the figure legends only mention the plane of imaging (sagittal, axial, coronal), the kind of sequence (SE, TSE, GRE, ...), and the weighting (T1, T2).

The fourth part consists of only one chapter dealing with post-treatment imaging findings.

I would like to thank my co-editors Dr. Paul Parizel, Dr. Frank Ramon, Dr. Luc De Beuckeleer, and Dr. Jan Vandevenne, and all the coauthors for the tremendous job they have done. From this work I learned that writing a good book requires a sabbatical leave, which good fortune I did not have.

As previously mentioned, it has been possible to include many of the illustrations shown in the book only because of the cooperation of the 29 European investigators, to whom I owe my gratitude. We gratefully acknowledge the support of Prof. Eric Van Marck, pathologist at our institution, for reviewing the manuscript, and of Ingrid Van der Heyden (secretary) for her aid in preparing so many chapters.

Finally, I wish to express my gratitude to Springer-Verlag and to Dr. Ute Heilmann for sharing the challenge of preparing this book with us.

Antwerp, June 1996

Arthur M. De Schepper

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Soft tissue venous malformations, commonly known as soft tissue hemangiomas, are a location-dependent benign vascular soft tissue tumor. They are the most common angiomatous lesions and represent up to 7% of all benign soft-tissue tumors. Ter... MR imaging differentiation of soft-tissue hemangiomas from malignant soft-tissue masses. *AJR Am J Roentgenol.* 2000;174 (6): 1623-8. *AJR Am J Roentgenol* (full text) - Pubmed citation. 11. Wu JS, Hochman MG. Soft-tissue tumors and tumorlike lesions: a systematic imaging approach. *Radiology.* 2009;253 (2): 297-316. doi:10.1148/radiol.2532081199 - Pubmed citation. 12. Paltiel HJ, Burrows PE, Kozakewich HP et-al. Soft-tissue vascular anomalies: utility of US for diagnosis. *Radiology.* Soft-tissue tumors constitute a large and heterogeneous group of neoplasms. Traditionally, tumors have been classified according to histogenetic features. (Fibrosarcoma, for example, is categorized as a tumor arising from fibroblasts.) Current achievements in the field of soft-tissue tumors are the result of advances in molecular biology, oncogenetics, imaging techniques, immunochemistry, diagnosis by fine-needle aspiration (FNA), surgical reconstruction, radiation therapy, and tissue banking. Benign soft-tissue tumors are fairly common and are treated with surgery alone. Prior to the 1970s, surgery was the primary therapy for malignant soft tissue tumors, and most patients with high-grade tumors had a poor prognosis and a significant mortality. *Bone and Soft Tissue Tumors: Clinical Features, Imaging, Pathology and Treatment* Mario Cam Enzinger and Weiss's *Soft Tissue Tumors*, 5th Edition. 1,268 Pages 2007 572.04 MB 370 Downloads New! with the assistance of Enzinger and Weiss's *Soft Tissue Tumors*, 5th Edition Sharon W. Weiss|John R. Magnetic Resonance Imaging of Bone and Soft Tissue Tumors and Their Mimics: A Clinical Atlas. 122 Pages 1989 7.66 MB 73 Downloads New! *Imaging of Bone and Soft Tissue Tumors and Their Mimics: A Clinical Atlas* A. M. A. De Sche How To Sell Yourself. 206 Pages 1999 2.41 MB 280,048 Downloads. The goals of imaging of soft tissue tumors are threefold: (1) lesion detection, (2) identifying a specific diagnosis or reasonable differential diagnosis, and (3) lesion staging. The radiologic evaluation of soft tissue tumors to achieve these goals has markedly evolved, improved, and expanded with the advent of computerized tomography (CT) and particularly magnetic resonance imaging (MRI). CT and more recently MRI allow lesion detection and staging by delineating anatomic extent in essentially all cases and relatively specific diagnosis in approximately 25% to 50% of soft tissue tumors. The annual incidence of benign soft tissue tumors has been estimated at 300 per 100,000 people, leading to an estimated 750,000 to 800,000 lesions in the United States. Related content.