Askin’s Tumor

A 17 year old boy presented to our hospital with severe breathlessness and right sided chest pain. Examination revealed tracheal and mediastinal shift to the left with uniform dullness and decreased air entry on the right. A clinical suspicion of pleural effusion was proved wrong when ultrasound showed a mass lesion. CT scan showed a large enhancing heterogeneous mass lesion involving the whole of right hemithorax, destroying long segment of the 4th rib. A CT guided biopsy was suggestive of a small round cell tumor of Askin’s type. A positive immunohistochemistry for neuron specific enolase and CD99 confirmed the diagnosis.

Askin and Rosai in 1979, described a rare primitive neuroendocrine tumor involving the thoracopulmonary region, common in young females.1 Primitive neuroendocrine tumours (PNET) and Ewings sarcoma are small round cell tumors of neural origin. PNET are asymptomatic until advanced stage and hence have poor prognosis. On imaging, these tumours show rib destruction with a large soft tissue mass which may show calcification. The affected rib shows increased uptake on radionuclide scanning. A tissue biopsy and immunohistochemistry are diagnostic. There is no standard therapy; surgical resection, chemotherapy and radiotherapy are the available options. Preliminary studies show complete surgical resection with aggressive chemotherapy and radiotherapy to be more effective.2

Suresh R Chandran*, Rojith KB*, Ramkumar N**, Veerakesari S***, Nedumaran***, Umakanthan K#

* Junior resident, **Asst Professor, ***Professor of Medicine, #Professor and Head of Medicine, Dept of General Medicine, Coimbatore Medical College Hospital, Trichy Road, Coimbatore, Tamil Nadu. 641 018.
Received : 13.10.2008; Revised : 4.12.2008; Accepted : 12.1.2009

References