LETTER TO THE EDITOR

Comments on “Alveolar sarcoma of the parapharyngeal space: A case report”

Comentario sobre “Sarcoma alveolar del espacio parafaringeo: caso clinico”

Dear Director,

We read with great interest the paper recently published in this journal by Navarro S, et al. “Alveolar sarcoma of the parapharyngeal space: A case report”.1 Their microscopic description: “spindle cell tumor, and immunohistochemistry with periodic acid Schiff (PAS) staining revealed focal reactivity with cells showing an intracytoplasmic crystalline material” is incorrect for the following reasons:

1. “Alveolar Sarcoma” is a nonspecific term denoting a morphological pattern that may be present in different types of tumors. It means relating or resembling pulmonary alveoli.

2. According morphology observed in the micrographs of the publication, the correct term should be “Alveolar Soft Part Sarcoma” (ASPS).2

3. The most recent WHO classification of Soft Tissue and Bone Tumors defines this neoplasm as: “…a distinct entity composed of large, uniform, epithelioid cells having abundant, eosinophilic, granular cytoplasm, arranged in solid nests and/or alveolar structures. It is characterized by an ASPSCR1-TFE3 fusion gene”.2 Considering the above definition, ASPS does not have spindle cells. Therefore, the description in the text is incorrect. However, the image and legend of Fig. 2 are right. TFE3 (C-termius of transcription factor 3), is an antibody that recognizes the carboxy terminal portion of TFE3 retained in the fusion protein. Prominent nuclear immunoreactivity is found in the vast majority of ASPS. However, it is not unique to this neoplasm. It can also be seen in granular cell tumors and renal cell carcinoma associated with Xp11.2 translocation.3

4. PAS stain (Periodic Acid-Schiff) is a histochemical method or “special stain”, not an immunohistochemical reaction. In ASPS, the neoplastic cells show some rod-shaped or granular inclusions that may be demonstrated by PAS stain, and they are diastase resistant.4 The cytoplasmic inclusions are crystals, not “crystalline material”, and they are a frequent finding, observed in 80% of cases of ASPS.5

The unusual location of the tumor in this case, adjacent to the submandibular gland, probably motived to pathologists to perform a broad panel of immunohistochemical reactions to rule out primary neoplasms of the salivary gland (e.g., oncocytic carcinoma and acinic cell carcinoma), extra-adrenal paraganglioma as well as other soft tissue epithelioid neoplasms such as epithelioid monotypic angiomylipoma (PECOMA). However, this is not explained in the text.

We encouraged the authors to maintain a better communication with pathologist to avoid errors in the microscopic description that could lead to mistakes in the understanding of the morphology that define the neoplasia.

References


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