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Title: Large synovial sarcoma complicating pregnancy

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Body: Primary pulmonary synovial cell sarcomas are rare, consisting less than 0.5% of all pulmonary malignancies[1]. They may arise from the parenchyma, tracheobronchial tree, or pulmonary artery and are now designated as mesenchymal tumors in the WHO classification. Clinical and imaging investigation is necessary to exclude alternative primary sources, while a definitive diagnosis requires detailed immunohistochemical staining (cytokeratins, vimentin, S100, CD20, CD99, Bcl-2 and other markers). A balanced chromosomal translocation, t(X;18)(p11.2;q11.2), is found in the majority of synovial sarcomas resulting in a chemeric transcript, SYT-SSX, the role of which is so far unclear. Surgical excision with clear margins and possibly adjuvant chemo-radiotherapy is the currently accepted treatment. We present here a case of 23 year young female at 28 weeks of gestation with a large mass in her left hemithorax. On presentation she had fever, cough and dysponea.on examination she had dull note and decreased breath sounds on left hemithorax. CXR was not due to avoid radiation. USG revealed a large mass with minimal pleural effusion. Biopsy was taken which was inconclusive. So in a diagnostic dilemma a CT guided biopsy was taken with all the precaution to avoid radiation which showed synovial cell sarcoma on histopathological examination. Pregnancy was carried till 32 weeks and baby delivered by cesearian section to avoid complication. She was advised surgical resection and put chemo-radiotherapy.