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Rhabdomyosarcoma and It s Risk Factors in Adults

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Abstract

Rhabdomyosarcoma (RMS) is a pediatric soft tissue sarcoma and represents a high-grade neoplasm of skeletal myoblast-like cells. A gradual improvement in understanding of physiology has helped optimize clinical care. Two main subtypes of RMS. Originally characterized by features of optical microscopy. Driven by fundamentally di erent molecular mechanisms, it poses a historically included both cytotoxic chemotherapy and ionizing radiation or both. This introduction describes understanding of the epidemiology of RMS. Factors of clinical care, including disease susceptibility factors; disease mechanisms; and diagnosis. Risk-based care for newly diagnosed and recurrent disease. Prevention and treatment of late complications in survivors.

Keywords: Rhabdomyosarcoma; So tissue sarcoma; Translocation-driven neoplasms

Introduction

So tissue sarcomas account for approximately 7% of childhood

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disorders are more likely than their una ected peers to develop RMS. e most common syndromes in children with ERMS include Li-Fraumeni syndrome (germline mutation of her TP53, a tumor suppressor) [9]. Neuro bromatosis type I (NF1 gene deletion); Costello syndrome (HRAS mutation); Noonan syndrome (germline genetic variant that activates the RAS-MAPK pathway); Beckwith-Wiedemann syndrome and DICER1 syndrome (reproductive cell DICER1 mutation). However, based on small clinical studies, it is estimated that only about 5% of patients with RMS have a concomitant germline susceptibility syndrome. Interestingly, predisposition syndrome seems to occur more frequently in her ERMS patients than in ARMS patients [10]. is nding appears to be in contrast to experimental studies showing that germline loss of a speci c tumor suppressor promotes PAX3-FOXO1-driven neoplasia in a genetically engineered mouse model.

Environmental Risk Factors