Askin Rosai Tumor–A Type of Primitive Neuroectodermal Tumor

We read with interest the article on "Askin Rosai Tumor" by Manglani *et al.*(1) which gives an impression that Askin Rosai Tumor (ART) is a distinct clinicopathologic entity. This article appeared around the same time as that by Dehner(2). It is felt that ART is just one of the types of presentations of a primitive neuroectodermal tumor (PNET) which incidentally is seen in the thoracopulmonary region. PNET is a family of tumors similar to ART and can involve various regions such as bone, soft tissues and intra-abdominal sites. Though, Askin and Rosai described this as a distinct entity, detailed histologic, ultrastructural, immunohistochemical, cytogenetic and tissue culture studies on Ewing's Sarcoma (ES), extra osseous Ewing's Sarcoma, PNET and intra-abdominal desmoplastic small cell tumor have shown more similarities than differences. For instance, both PNET and ES have consistently shown the same cytogenetic abnormality in a majority of the cases-t (11; 22) (q24; q12).

Many of the features which were once thought to be useful in differentiating one entity from another have withstood the test of time. To differentiate ES from the so called ART or PNET by the presence of glycogen would be an oversimplification. Similarly, immunohistochemical positivity for neurone specific enolase (NSE) cannot always distinguish ART or PNET from ES. One additional neural marker such as HNK-1, neurofilament or S-100 protein should also be positive for making a diagnosis of PNET (as NSE may occasionally be positive in ES).

Hence, it should be realized that ART is one of the PNETs and that PNET and ES have many overlapping features although the former is thought to be more aggressive.

REFERENCES

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2. Dehner LP. Primitive neuroectodermal tumor and Ewing's Sarcoma. Am J Surg Pathol 1993, 17: 1-13.

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