

# Challenges in Desmoid Tumor in Post Pregnancy, A Case Series

Siti Aainaa S<sup>1</sup>, Sumaraj A<sup>1,2</sup>, Normah I<sup>2</sup>, Mathew T<sup>2</sup>, Buvanesvaran TM<sup>3</sup>

<sup>1</sup> Department of General Surgery, Mersing Hospital, Johor, Malaysia

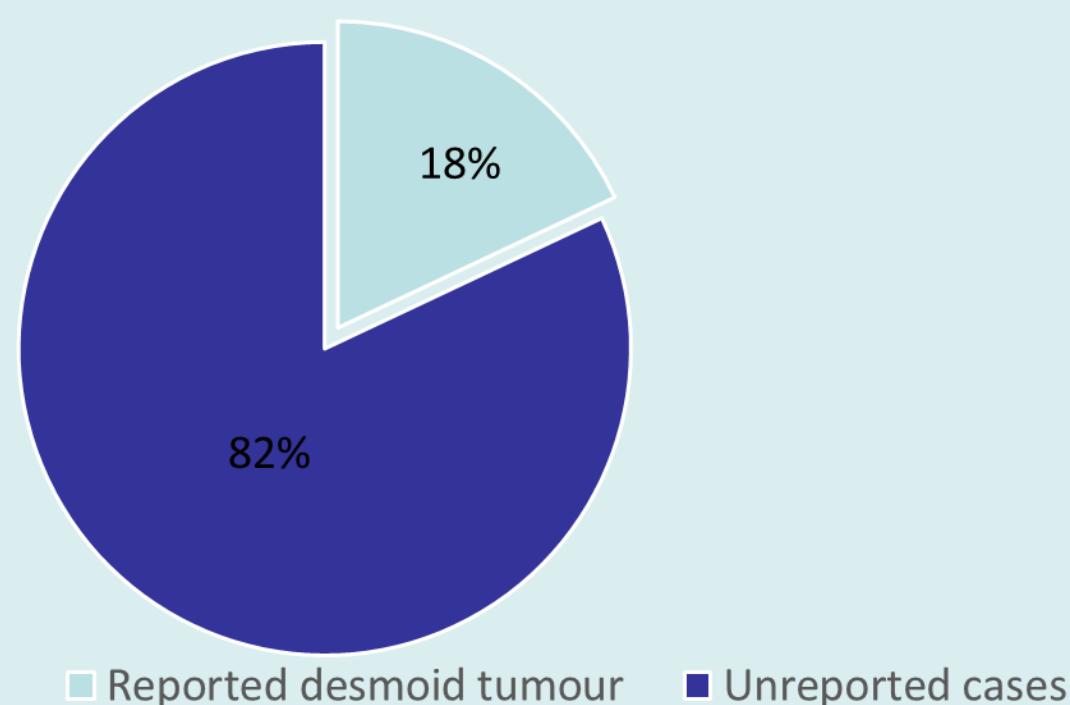
<sup>2</sup> Department of General Surgery Sultan Ismail Hospital, Johor, Malaysia

<sup>3</sup> Gleneagles Hospital, Penang, Malaysia

## Introduction

Desmoid tumors (DT), constituting only 0.03% of neoplasms [1], presents a unique challenge due to their aggressive local behavior. While histologically benign, they lack metastatic potential but pose a threat to nearby structures, complicating marginal clearance and also increasing mortality. Only 18% of DT cases are reported post-pregnancy [2].

Percentage of reported cases of Desmoid tumor in post pregnancy



## Case 1

A late 30s lady with post caesarean section history presented with a heterogenous mass within the right rectus abdominis muscle. Wide surgical resection with component separation and primary closure of the anterior abdominis muscle was done. Mass size 5x2.5x2.5cm was resected, ensuring margin clearance and a smooth recovery.

## Case 2

Case 2 featured a woman in her 40s with a painless abdominal mass, ten year's post caesarean section. Wide surgical excision revealed a 5x6cm mass with achieved margin clearance, eliminating the need for radiation therapy.

## Case 3

A 25-year-old lady presented with a rapidly enlarging abdominal mass post-caesarean section. Despite wide surgical resection and a 20x15cm excised tumor (Figure 1), achieving margin clearance proved challenging. The patient faced postoperative complications (surgical site infection), leading to readmission but treated conservatively and subsequent radiotherapy.



Figure 1: excised 20 x15cm DT

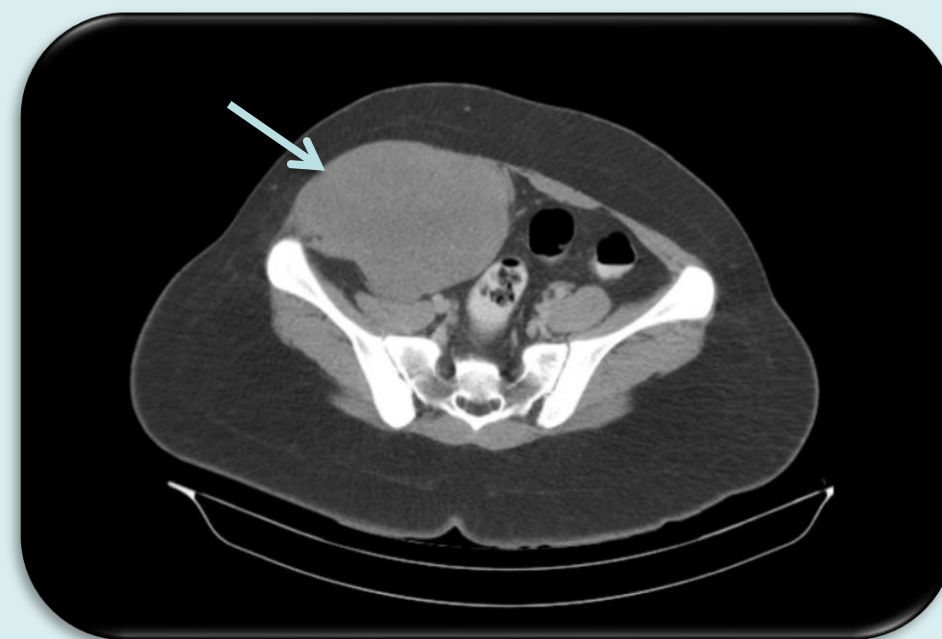


Figure 2: CT abdomen of DT (arrow)

## Conclusion

Pregnancy-associated DT, often abdominally located, present a **surgical challenge for achieving marginal clearance** in larger masses. Despite difficulties, there are increasing evidence where **radiotherapy reduces the rate of local recurrence** for cases with compromised surgical margins, contributing to favorable outcomes [3].

## References

- [1] Marcus Overhaus\*<sup>1</sup>, Pan Decker<sup>1</sup>, Hans Peter Fischer<sup>2</sup>, Hans Jochen Textor<sup>3</sup> and Andreas Hirner<sup>1</sup> (2003). Desmoid tumors of the abdominal wall: A case report
- [2] William A. Robinson \*,<sup>1</sup> Colette McMillan <sup>2</sup>, Amy Kendall <sup>3</sup> and Nathan Pearlman \*,<sup>4</sup> (2012) Desmoid Tumors in Pregnant and Postpartum Women
- [3] Amanda Johner<sup>1</sup>, Pari Tiwari<sup>1</sup>, Peter Zetler et al.<sup>1</sup> (2009). Abdominal Wall Desmoid Tumor associated with Pregnancy: current concepts