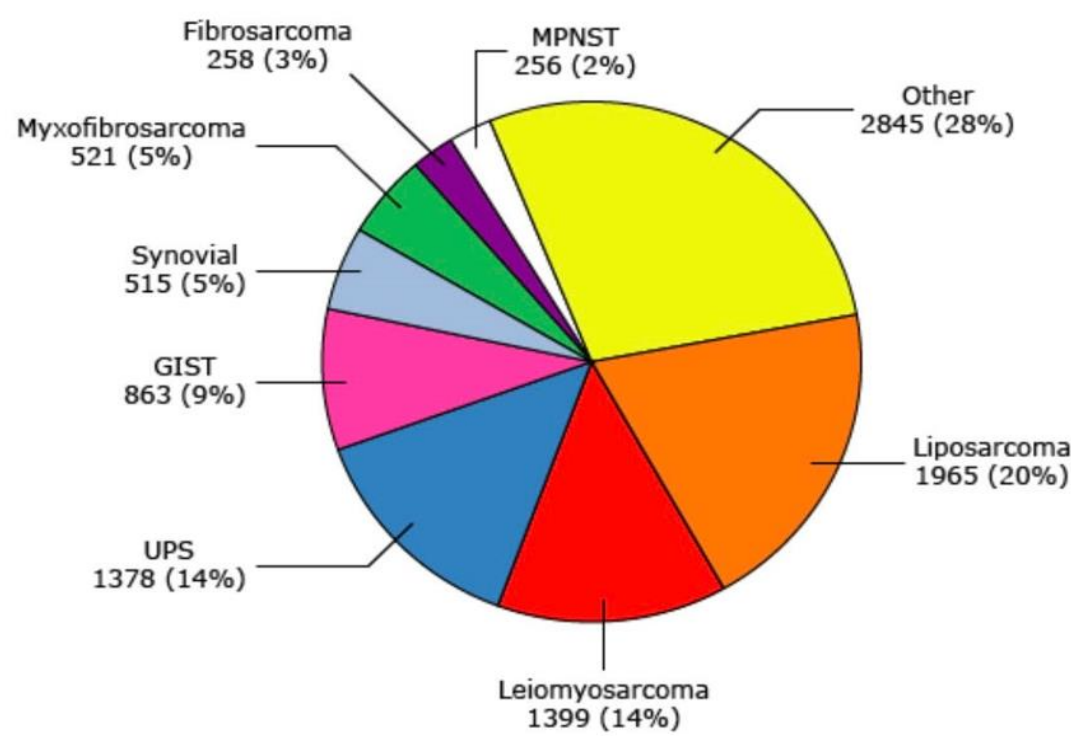


# SOFT TISSUE SARCOMA- CASE SERIES OF THERAPEUTIC PERPLEXITY IN A TERTIARY CARE CENTRE OF NORTH INDIA

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**Introduction:** Soft tissue Sarcomas are heterogeneous group of tumors arising from mesenchymal tissue. There are innumerable histological subtypes presumably because embryonic, mesenchymal cells mature into various types of tissues. Amongst this diverse group most common subtype is **Liposarcoma**.



Distribution by histology for adult patients with soft tissue sarcoma, all sites. MSKCC 7/1/1982-5/31/2013 n = 10,000.

**Discussion:** Among all the modalities surgical excision remains the gold standard. Margin adequacy of the resected specimen cannot be standardized, inspite taking adequate margins patients presents with local recurrence and systemic spread.

**Depth of Invasion, Size and Histological Grade** are the most important predictors of local recurrence.

**Conclusion:**

1. Detailed pre-operative evaluation to decide the line of initial management should be done. **(Neoadjuvant radiotherapy vs surgical excision)**.
2. Preoperative radiotherapy is preferred over adjuvant radiotherapy.
3. Despite multimodality treatment patient still present with local recurrence especially in high grade tumors.
4. Surgical excision with adequate margins ( R<sub>0</sub> Resection) is not possible in all cases, especially where tumor is in close vicinity of neurovascular bundle or in metastatic disease.
5. **Neoadjuvant radiotherapy with wide local excision** achieves better local control than either modality alone.

Chief complaints	Examination	Imaging	Management	Histopathology	Follow -up
1. 60yr male with <b>left supraclavicular swelling</b> since 3 years	<b>15*10 cm</b> mass in left supraclavicular region with well defined margins, not adherent to underlying tissue with no restriction of neck movement.	<b>CECT neck including thorax</b>	Wide local excision with removal of redundant skin and primary closure of the defect.	<b>Benign spindle cell neoplasm</b>	Uneventful
2. 62yr male with recurrent multiple <b>anterior abdominal wall lumps</b> . (Operated for the same 1 year back)	Multiple nodular lumps present in the anterior abdominal wall with areas of necrosis over the surface, bleed on touch	<b>MRI abdomen</b>	Core biopsy. Patient was referred to radiotherapy	<b>Malignant spindle cell neoplasm FNCLCC grade III IHC: CD 34+</b>	Radiotherapy
3. 55yr male with <b>recurrent left shoulder mass</b> (operated for the same 8 months back)	<b>4*4 cm</b> mass on left shoulder with well defined margins with fixity to underlying tissue.	<b>MRI left shoulder</b>	Wide local excision	<b>Malignant spindle cell neoplasm FNCLCC grade III</b>	Adjuvant radiotherapy
4. 52yr male with <b>left thigh mass</b>	<b>13*7 cm</b> mass with well defined margins present on proximal and lateral aspect of left thigh	<b>MRI left thigh</b>	<i>En bloc</i> resection	<b>Benign spindle cell lipoma</b>	Uneventful
5. 70yr male with <b>epigastric lump</b>	Diffuse lump with irregular margins	<b>CECT-whole abdomen</b>	Upper GI endoscopy Distal gastrectomy	Gastrointestinal tumor (spindle cell type) <b>IHC: C-kit+</b>	Imatinib
6. 36yr male with <b>hypogastric lump</b>	Firm non-tender lump of <b>12*9 cm</b> with well defined margins	<b>MR pelvis</b>	<i>En bloc</i> resection	Benign mesenchymal tumor ( <b>schwannoma</b> )	Uneventful
7. 55yr female with <b>anterior abdominal wall lump</b>	<b>5*5 cm</b> lump over anterior abdominal wall	<b>CECT whole abdomen</b>	Core biopsy <i>En bloc</i> resection	Malignant spindle cell neoplasm <b>FNCLCC grade II</b>	Radiotherapy



Beane JD, Yang JC, White D, et al. Efficacy of adjuvant radiation therapy in the treatment of soft tissue sarcoma of the extremity: 20-year follow-up of a randomized prospective trial. Ann Surg Oncol 2014; 21:2484  
National Comprehensive Cancer Network (NCCN). NCCN clinical practice guidelines in oncology. Available at: [https://www.nccn.org/professionals/physician\\_gls/pdf/gist.pdf](https://www.nccn.org/professionals/physician_gls/pdf/gist.pdf) (Accessed on March 07, 2024).