Rev Esp Cir Ortop Traumatol. 2016;60(6):366–371

Revista Española de Cirugía Ortopédica y Traumatología

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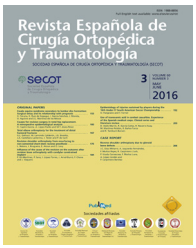

ORIGINAL ARTICLE

Analysis of results of soft tissue sarcoma margins revision surgery☆

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Received 22 July 2015; accepted 25 June 2016

KEYWORDS
Sarcoma;
Margins;
Unplanned surgery;
Margins revision

Abstract
Introduction: Patients from other centres where they have had an unplanned surgical resection of a soft tissue sarcoma are often referred to hospitals specialised in sarcomas.
Material and methods: A study was conducted on 35 patients who required this type of surgery were referred to our centre between November 2001 and July 2013.
Results: Surgery had been performed on 29% of the patients without any complementary tests being done. In 75% of cases, the sarcoma diagnosis was discovered in the post-surgical histological study. Synovial sarcoma was the most common, affecting 38% of the patients.

A surgical revision of the margins was performed on all of them, and adjuvant treatment was performed on 86% of them. The histopathology study found that 69% of the patients had residual disease.

At the end of follow-up, 12% had a local recurrence, another 12% distant metastases, and 3% had died.
Conclusion: Given the results, it is concluded that any tumour of the soft tissues in which malignancy is suspected has to be resected in a reference centre. If an unplanned esection was performed in another centre, it should be referred immediately in order to perform an imaging study, revision surgery, and if required, adjuvant treatment.

☆ Please cite this article as: García-Jiménez A, Trullols-Tarragó L, Peiró-Ibáñez A, Gracia-Alegría I. Análisis de resultados en cirugía de revisión de márgenes de sarcomas de partes blandas. Rev Esp Cir Ortop Traumatol. 2016;60:366–371.

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PALABRAS CLAVE
Sarcoma;
Márgenes;
Cirugía no planeada;
Revisión de márgenes

Análisis de resultados en cirugía de revisión de márgenes de sarcomas de partes blandas

Resumen
Introducción: En ocasiones, a los hospitales especializados en sarcomas son derivados pacientes desde otros centros donde se les ha realizado una cirugía no planeada de resección de sarcoma de partes blandas.
Material y métodos: Entre noviembre del 2001 y julio del 2013, 35 pacientes de este tipo fueron derivados a nuestro centro.
Resultados: El 29% de los pacientes había sido intervenido sin pruebas complementarias previas. En el 76% el diagnóstico de sarcoma se descubrió en el estudio histológico postoperatorio. El sarcoma sinovial fue el más común encontrado, afectando el 38% de los pacientes.

A todos ellos se les realizó cirugía de revisión de márgenes y en el 86% se realizó terapia adyuvante. El 69% de los pacientes tenían enfermedad residual hallada en la anatomía patológica.

Al final del seguimiento, el 12% había presentado recidiva local, otro 12% diseminación a distancia y el 3% había fallecido.
Conclusión: Dados los resultados, concluimos que cualquier tumoración de partes blandas de la que se sospeche malignidad ha de ser resecada en un centro de referencia, y si se ha producido una resección no planeada en otro centro tiene que ser derivado inmediatamente para la realización reglada de un estudio de imagen, cirugía de revisión y, si precisa, tratamiento adyuvante.

Introduction

Sarcomas are malign tumours which occur in tissue of mesenchymal origin, so that they may appear in bones as well as in soft tissues. Although they make up less than 1% of all malign tumours, they cause great morbidity and mortality at any age and in any location. Many of them present as a painless swelling which gradually grows in size.[1,2]

Given that soft tissue sarcomas are not very common and are far less frequent than benign tumours, it is possible that some of them go unnoticed, and that it would be inappropriate to resect them before establishing the correct histological diagnosis. It is calculated that centres specialising in sarcomas receive from 19% to 53% of patients referred from other hospitals after unplanned surgery. The risk of residual disease after unplanned resection stands at 24–60%.[3] Tumour relapse is 2.2 times more common in these patients than it is in those who had received appropriate study prior to surgery.[1,2]

To manage these patients the specialised centre has to gather the maximum amount of information about the case. The data supplied by the patient as well as the surgeon who first operated are therefore highly important. These include the results of any preoperative or postoperative study and the details of the surgery. It is also important to revise the histological samples from the tumour, not only to confirm the diagnosis, but also to discover the surgical margins, given that these are predictors of the risk of local relapse.[4] The therapeutic options implemented in the reference centre often run from abstaining from therapy with regular checks on the patient, to revision surgery of the margins (''second-look surgery''), as well as the isolated or concomitant use of adjuvant therapies (radiotherapy and/or chemotherapy).[1]

This study aims to describe the oncological evolution of a group of patients who were subjected to revision surgery of soft tissue sarcoma margins after they had previously been subjected to unplanned surgery for the resection of the same.

Material and methods

We carried out a descriptive longitudinal observational and retrospective study of the relevant data in our database of patients with muscle or bone tumours. We included all of the patients aged 18 years old or above who had been sent to the orthopaedic oncology unit in our hospital after resection with positive margins of a soft tissue sarcoma located in the upper or lower limbs.

Firstly we gathered patient epidemiological data as well as data relating to certain aspects of the disease, such as location or the first symptom. We also recorded information about the first operation, such as additional testing beforehand (MRI, computerised tomography [CT], ultrasound scans and biopsies, etc.), the diagnosis of suspicion prior to surgery, the time lapse until surgery, the type of surgery (broad surgery or simple resection) and the result of the pathologic study of the samples obtained during the same. For the margins revision or second-look surgery we collected similar data, including the pathological diagnosis of the revision in our hospital of the histological sections from the first operation, imaging studies prior to the revision surgery, the time elapsed between the first and revision operations, and the classification of the residual disease based on the classification of the American Joint Commission on Cancer.[5] Finally, we gathered information