



P10:104

Can VAC therapy spread tumour cells all over the wound? The "buckshot" pathological pattern.

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BACKGROUND

Soft tissue sarcomas represents a group of relatively rare neoplasms with a high number of histological subtypes. Still many difficulties exist in referring patients to a reference centre in order to have an appropriate and standardized treatment plan. The aim of this study is to present a case of incorrect clinical management with its pathological consequences.

METHODS (CASE REPORT)

Female 79-year-old patient. Previous treatment (St Elsewhere Hospital): "hematoma" (without a proved hip trauma) aspiration in the trochanteric region, pathology report of high grade leiomyosarcoma, consequent open marginal-intralesional debridement without complete local and systemic stadiation, wound dehiscence treated with VAC therapy before final pathology report. The final report confirmed the diagnosis of high grade leiomyosarcoma with positive intralesional margins. After 2 months the patient was referred to the reference centre with a still open wound. A pelvis and lower limb MRI and a chest-abdomen CT were performed. Imaging showed no metastasis and a lesion extended 360° around femoral shaft along all the thigh and involving femoral neuro-vascular bundle and the cortical bone. The only possible surgical intervention was a hip disarticulation.

RESULTS

The pathologist reported a multifocal "buckshot" dissemination of neoplastic cell clusters comparable to miliar diffusion in secondary tuberculosis. Considering the pathological examination the VAC therapy had spread cells in the anterior, posterior and medial compartments of thigh. Unfortunately CT chest after 3 months showed multiple lung metastasis.

CONCLUSION

Many authors confirm that the use of negative pressure wound therapy after resection of musculoskeletal tumours is a safe and effective pathway to achieve wound healing after complications such as dehiscence, infection, or large soft tissue defect. This management is currently worldwide accepted. This experience confirms the strong suggestion to apply VAC therapy only after the pathological confirmation of clear marginal/wide margins. This case report unfortunately demonstrates that VAC therapy has the potentiality to spread malignant cells all over the open wound and that it must not be used in presence of active tumour tissue.

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