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# Resection of Malignant Chest Wall Tumors

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Background; We report about malignant bone and soft tissue tumors that performed chest wall resection.
Methods; Between 2005 and 2011, we performed chest wall resection on 9 patients (7males and 2 females) for malignant bone and soft tissue tumors. The average age at the time of operation was 58.6 (25-85) years old. Three cases were chondrosarcoma, two cases were MFH of soft part. Ewing's sarcoma, leiomyosarcoma, myxofibrosarcoma and MPNST were one case each. We investigated surgical methods, complications and prognosis about these cases.
Results; The average follow-up period were 32.0 (4-79) months. The number of resected ribs was one in one case, two in 3 cases, three in 3 cases, five in one case and seven in one case. For the case resected one rib and a case resected two ribs, we didn't reconstruct the chest wall and closed the wounds directly. For the other 7 cases, we performed reconstruction of chest wall with the expanded-polytetrafluoroethylene (ePTFE) mesh. Postoperative complications were aspiration in one case (resected 3 ribs), reinsertion of thoracic cavity drain in one case (resected 5 ribs), deferment of extubation and scoliosis in one case (resected 7 ribs). There was no case of infection to mesh. Local recurrences occurred in 2 cases postoperatively. The 5 years survival rate of the patients was 48.6%.
Conclusions; Operations for malignant chest wall tumors are very invasive with open chest and unilateral intubation. In our study, postoperative complications didn't occur in the cases resected few ribs, and their postoperative course were good. In cases that resected a lot of ribs, we should pay attention to complications.

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