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Soft Tissue Sarcoma Abutting The Bone, What Surgery Is The Most Appropriate?

Ahmad Shehadeh¹

¹) KHCC, Jordan

Back ground:

The incidence, surgical treatment and effect on overall survival and recurrence of bone invading/abutting soft tissue sarcoma, still poorly described in the literature.

Objectives:

To present an institutional experience regarding; surgical treatment and outcome of soft tissue sarcoma abuts the bone.

Material and Methods:

From July 2006 till Dec. 2010, 55 patients with STS treated with Limb Salvage Surgery (LSS), at King Hussein Cancer Center. Seventeen patients (31%) the tumor were abutting the bone, 15 patients as first presentation and 2 as recurrent disease, age 15-65 year, Median age 49 years.

Tumor location includes: thigh (n=8), arm (n=2), forearm (n=2), leg (n=3), low back and chest wall one patient each. Synovial Sarcoma was the commonest histological diagnosis (n=6), 12/17 patients received bone surface burring after resection of the mass with the periosteum and 10 of them followed by post operative radiation therapy; 5/17 patients in whom signs of cortical invasion and early destruction seen in MRI, we resect the adjacent cortex en-bloc with the tumor, none of them received adjuvant radiation.

Results:

At mean follow up of 30 months, (10-58), 4 patients died due to metastatic disease, 2 patient developed metastatic disease and still on palliative care, and 2 patients developed local recurrence (12%), one with leg disease received en-bloc resection of the cortex and other with per sacral tumor received bone surface burring). One patient developed radiation related femur fracture. 3 years event free survival was 53% and overall survival 76%.

Conclusion:

This is a retrospective pilot study with small group; the results show that STS abutting bone probably do not lead to worse outcome, bone surface burring or uni-cortical resection is sufficient, and maybe there is no need to do bi-cortical bone resection. Multicenter cooperation is needed to recruit more patients to have statistically significant number.

E-mail (main author): ahmadmd2003@yahoo.com