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Surgical management of soft tissue sarcoma with reconstruction in patients aged over 80 years

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Background

The use of a local rotational flap as well as a free vascularized flap may be necessary for closure of large defects after resection of primary soft tissue sarcomas (STSs). However, it is often difficult to offer these procedures for markedly aged patients because of the generalized concept that such patients have low tolerance for them. The aim of this study was to evaluate the oncological and functional outcomes of flaps in patients over 80 years of age with STSs.

Methods

From our database (since 1998) of all patients with STSs, those aged over 80 years who underwent surgical resection with reconstructive procedures were identified and reviewed.

Results

Six patients (3 males and 3 females) were treated for STSs with reconstructive surgery after primary resection. Median age at presentation was 84 years. The average tumor size was 7.9 cm. The site of the tumor was the lower leg in 2 patients, chest wall in 2, and back and buttock one patient each. Three patients were diagnosed as having undifferentiated pleomorphic sarcoma (all high grade) and the others were diagnosed as having myxofibrosarcoma (1 low grade and 2 high grade). The tumor stage was IIB in 2 patients, III in 2, IB in 1, and IIA in 1. Three patients underwent wide surgical resection with a free latissimus dorsi (LD) flap, and in the others a local rotational flap was used (2 LDs and 1 rectus abdominis). Although one of the patients with a local rotational LD flap suffered wound infection as a postoperative complication, the flap was a success in 5 patients. No patients suffered local recurrence, while 3 patients developed distant metastases during their clinical course. The median follow-up period was 20 months (range, 3-43 months). Among the 6 patients, 3 were CDF, 2 were AWD and 1 was NED.

Conclusions

Flap outcome in patients aged over 80 years was comparable with that in younger patients. The present findings suggest that even extremely aged patients (over 80 years old) can tolerate not only rotational but also free flap reconstruction well with low rates of acceptable postoperative complications.

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