



T2:108

## Needle biopsy for sarcomas: does local recurrence along the tract really exist?

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### Background

Biopsy is a fundamental step for both the diagnosis and the surgical management of bone and soft tissue sarcomas. It should be performed in a reference centre, even if it is a needle biopsy, but it is unclear whether the tract needs to be excised to prevent recurrences. The aim of the study is to demonstrate the possibility of needle tract recurrence after biopsy.

### Methods

Male, 72-year old. Left pelvis osteolysis with soft tissue gluteal involvement. Trephine bone needle biopsy under general anesthesia with diagnosis of G2 chondrosarcoma. En bloc resection and reconstruction with bars and screws were performed with clear wide margins. Biopsy tract was not excised. After 20 months a small subcutaneous lump below the biopsy scar was noticed. A wide excision was performed confirming the diagnosis of chondrosarcoma. A Literature review looking for current strategies in biopsy and needle tract recurrence has been performed.

### Results

Considering the papers published in the last 5 years, the current accepted opinion seems to deny the possibility of local recurrence along needle biopsy tract even if the importance of the bioptic act is confirmed. Only 1 out of 5 papers remarked the importance of resecting the biopsy tract in order to prevent local recurrences.

### Conclusion

Partially in contrast with recent published papers, this case report confirms the potential local recurrence along the biopsy tract and the necessity to resect it. Further studies possibly related to tumour cell tropism for soft tissues can better stratify the existing recurrence risk in different histotypes.

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