

TITLE: Bone and Soft Tissue Excision for Soft Tissue Sarcomas – the Stanmore Experience

AUTHOR: Al-Hakim W, Park D, Stokes O, Pollock R, Skinner JA, Cannon SR, Briggs TWR

CENTRE: Royal National Orthopaedic Hospital, Stanmore

ABSTRACT:

Limb soft tissue sarcomas are a rare and challenging group of tumours to treat, requiring a multi-disciplinary team approach usually in a tertiary referral centre to manage them most appropriately. From a surgical point of view, these are often intracompartmental or T1 lesions and can be excised within the confines of soft tissue compartments in combination with adjuvant chemo and radiotherapy. However extracompartmental, or T2 lesions that exhibit macro or microscopic spread beyond the confines of normal anatomical barriers require more radical resection, often necessitating bone as well as soft tissue excision. This will inevitably affect their functional outcome. The commonest types of operation for these patients include wide local excision with curettage and bone grafting, radical resection with reconstruction and prosthetic implantation, and amputation.

This study investigates 85 patients who have received such an operation between 1995 to 2000. Mean age was 61 years (range 8 – 92). There were 51 males and 34 females. Anatomical distribution was as follows: arm 26, leg 47, pelvis 8 and other 4. The commonest histology subtypes were MFH, leiomyosarcoma and undifferentiated soft tissue sarcoma. 15 had wide local excision with bone trimming/curettage, 24 had radical resection with bone prosthetic replacement and 48 underwent amputation. There were 33 significant complications: 17 incidences of local recurrence, 6 wound infections, 4 patients required revision surgery and 2 needed amputation.

This serves as an overview of our experience in the management of these aggressive soft tissue sarcomas.