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ABSTRACTS – POSTERS

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Retroperitoneal soft tissue sarcomas in a series of 151 patients – a single institution experience

Authors: S Sivarajah, G MacKay, C Sugden, P Chong, P J O'Dwyer

Institution: University Department of Surgery, Western Infirmary Glasgow

Email: jajabinks1702@hotmail.com

Introduction

Soft tissue sarcoma accounts for less than 1% of all malignant tumours and 10-15% are located in the retroperitoneum. Because of their anatomic location and indolent nature, these tumours are usually locally aggressive when first detected, therefore improved survival depends on obtaining local control through an aggressive surgical approach. We reviewed our institutional experience with retroperitoneal soft tissue sarcomas in adults.

Methods

Complete follow-up data was available for 151 patients presenting with retroperitoneal soft tissue sarcomas between October 1992 and October 2008. The median follow-up was 5.59 (i.q.r. 3.88 – 8.81) years. Patients with fibromatosis and GIST were excluded from the analysis. Clinicopathological data including tumour size, histological subtype, grade, resection margin and survival status were studied.

Results

The median age at presentation was 62 (i.q.r. 50-71) years with an equal sex distribution. The most common mode of presentation was an abdominal mass and pain. Of the 151 patients, 137 underwent a total of 169 procedures with 14 deemed inoperable. Macroscopic clearance was achieved in 105 (77%) patients with microscopic clearance in 40 (29.1%). The operative mortality was 2.9%. The most common histological type was liposarcoma in 40 (26%) patients, of which 25 (63%) were low grade. Leiomyosarcomas were the next most common affecting 37 patients of which 9 (24%) were low grade. Low grade sarcomas accounted for 45% of the total group. Local recurrence was common occurring in 64 (42.4%) patients of which 5 have had more than 2 operations for recurrent disease. The median time to recurrence was 24 (i.q.r. 12-66) months. For those patients with at least 5 years of complete follow up the 3 and 5 year survival was 75% and 58% respectively.

Conclusion

Our series shows that in patients with retroperitoneal soft tissue sarcoma high respectability rates and macroscopic clearance can be achieved with low operative mortality. Despite high rates of local recurrence reasonable long-term survival is achievable.