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### ABSTRACTS – POSTERS

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#### **A review of plastic surgery involvement in groin sarcoma excision.**

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#### **Objectives**

The challenge for plastic surgeons treating groin sarcoma is to restore the integrity of the lower abdominal wall and provide durable soft tissue cover for the groin and perineum. The purpose of this study was to review our experience of tumours in this area.

#### **Methods**

This is a retrospective review of consecutive patients undergoing groin sarcoma excision with plastic surgery involvement over the last 7 years. Data about referral patterns, histological type, margins, reconstructive techniques, adjuvant therapy, recurrences and survival were analysed.

#### **Results**

Thirteen patients were identified. In twelve cases, initial surgical explorations had been performed by either General Surgeons or Urologists. In ten cases, the tumour had been incompletely excised. On average 4.4 months elapsed between initial biopsy and referral to the Regional Sarcoma Service.

The most frequently performed reconstruction was a rectus abdominis musculo-cutaneous flap. Six patients developed post operative complications. Complete/adequate surgical margins were achieved in seven patients. A further five patients had margins designated as close or marginal.

Six patients received post operative radiotherapy following multidisciplinary team review. Five patients developed local recurrence. Four of these patients died.

#### **Conclusions**

Groin sarcomas represent a surgical and logistical challenge.

The anatomical topography makes complete surgical excision difficult without available reconstructive techniques and complication rates can be high.

Referral of these patients to the regional sarcoma service is often delayed whilst exploration or biopsy is performed. Communication with colleagues in other centres may be the key to reducing delays.