



RECURRENT DERMATOFIBROSARCOMA OF ANTERIOR CHEST WALL

Oncology

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ABSTRACT

The word cancer encompasses a wide range of diseases which behaves different from each other. Broadly they can be classified as carcinomas and sarcomas. Sarcomas arise from mesenchymal tissues. Although sarcomas are rare compared to carcinomas, they present a substantial burden to the healthcare system worldwide. Dermatofibrosarcoma is a rare type of cancer which is peculiar in its ability to recur locally after excision even after a considerable period of time.

KEYWORDS

cancer, sarcoma, dermatofibrosarcoma, recurrent cancer.

BACKGROUND

Sarcomas are malignant tumors that arise from musculoskeletal system. Most cancers (>90%) arise from epithelial tissues, such as the inside lining of the colon, breast, lung or prostate. These are referred to as carcinomas and usually affect older people. Sarcomas are tumors that arise from mesenchymal tissues such as bone, muscle, connective tissue, cartilage and fat. Sarcomas occur in young people as well as in adults and comprise less than 1% of all cancers. Sarcomas are named by the tissue of origin; for example, "osteosarcoma" arises from bone, "liposarcoma" arises from fat and "fibrosarcoma" arises from fibrous connective tissue.

CASE REPORT :

A 40 year old female patient presented with recurrent swelling in the anterior chest wall. First noticed 8 years back, insidious in onset and gradually progressive in nature. FNAC was suggestive of myxoid spindle cell lesion. She underwent excision in 2019. Postoperative biopsy report was suggestive of fibromatosis. Swelling recurred 3 months after the surgery. Re-excision was done for the same in February 2020, biopsy report was fibrosarcoma ex dermatofibrosarcoma. Swelling again recurred 5 months later. She presented to SAMC & PGI Surgical Oncology OPD for further management. There was no history of weight loss or cough or breathlessness. P2L2. Last child birth 10 years back, normal delivery. No history of any comorbidities.

Examination revealed large exophytic lesion 15 x 15 cm in anterior chest wall and epigastric region, firm, non-tender, fixed to chest wall. With healed surgical scar over the skin. Also, two separate swelling within 5 cm of main swelling, largest measuring 2 x 3 cm. No other swelling anywhere else. No axillary adenopathy. Bilateral air entry was equal and clear.

CECT chest showed well defined lobulated large exophytic heterogeneously enhancing mass lesion in epigastric region arising from left anterior chest wall adjacent to anterior costal cartilage of 4th and 5th rib, 10.3 x 7.1 x 4.7 cm. Similar enhancing pattern lesion subcutaneous location near the first lesion 1.6 x 1.6 x 2cm.

She underwent wide local excision of the lesion with resection of medial portion of lower ribs and lower part of sternum, which was found to be adherent to the lesion intraoperatively. The resultant defect was closed with bone cement, sandwiched between two polypropylene mesh and fixed with polypropylene sutures. The soft tissue covering was achieved by raising bilateral pectoralis major myocutaneous flaps. Histopathology report was dermatofibrosarcoma protuberans with clear margins. Postoperative period was uneventful and she had a full recovery and was discharged on 10th postoperative day.

DISCUSSION:

Dermatofibrosarcoma protuberans is a very rare connective tissue malignancy arising from the dermis. Less than 0.1% of all tumors, it is

considered the most common cutaneous sarcoma [1, 2]. It is a slowly growing tumor which rarely spreads beyond the skin. It is considered locally aggressive and has a high tendency for local recurrence. Small lesions are treated with Mohs micrographic surgery and larger lesion need multidisciplinary approach with wide excision with reconstruction [3]. Postoperative adjuvant radiotherapy is shown to reduce recurrence rates [4]. Most recurrence happens within first three years and there after incidence declines slowly. Hence long-term follow-up is essential in these cases.



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