ORIGINAL RESEARCH PAPER

General Surgery

KEY WORDS: CUTANEOUS SOFT TISSUE TUMOURS, LIPOSARCOMA, ELASTOFIBROMA DORSI

CUTANEOUS SOFT TISSUE TUMOURS – SIMPLE YET COMPLEX – A CASE SERIES

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ABSTRACT

Cutaneous soft tissue tumours are heterogeneous mesenchymal neoplasm. Most of them are benign with limited capacity for growth, a small tendency for local invasion, and a low rate of local recurrence after conservative treatment. In the current study we have investigated 93 cases of STT originating in the skin from above the fascia among which 10 cases were found to be sarcomas. STS that arose from the deeper connective tissue or from specific organs were excluded from study.

INTRODUCTION:

Soft tissue sarcomas are rare and unusual neoplasms accounting for about 1 % of adult human cancer and 15% of Paediatric malignancies. These soft tissues neoplasms include all the non-epithelial extra skeletal tissue with the exception of glia of central nervous system, reticuloendothelial system and supporting tissues of various parenchymal organs. Included in these are lesions composed of or derived from fat, fibrous tissue, smooth muscle, skeletal muscle, blood vessels and lymphatics all of which originate from embryonic mesoderm.

Sarcoma (Greek) means 'fleshy growth'. Malignant tumours that arise from the primitive mesoderm are called sarcoma. All the soft tissues sarcomas are grouped together because of their similarities in pathological appearance, clinical presentation and behaviour .

Although these tumors develop in any anatomical site, approximately 50% occur in extremities followed in order of frequency by the trunk, retro peritoneum and head and neck.

Finally, recent advances in the use of adjuvant chemotherapy and radiotherapy have made dramatic in roads, in the mortality of these sarcomas to the point that patients with tumor previously uniformly fatal are not only now being cured but also escape mutilating surgery and consequent disability.

MATERIALS AND METHODS:

- All cases of cutaneous soft tissue tumors presented at Stanley Medical College, Chennai from January 2018 to October 2018 were selected for study.
- All cases were evaluated clinically.
- All cases with size >5cm were evaluated with MRI and Chest X-ray followed by core needle Biopsy.
- Treatment was given as per standard protocol.
- Patients were given adequate rehabilitation until they retained full functionality.
- All sarcomas were followed up every 6 months with physical examination and a chest X-ray.

RESULTS AND ANALYSIS:

- The most common presentation was a painless swelling, but cases of sarcoma presented late with onset of pain.
- Although only 20% of tumors were of size > 10 cm, 90% of sarcomas were found to be > 10 cm size.
- Tumors >5 cm were evaluated with MRI. It was used to determine the extent of the lesion and to predict the resectability and also to diagnose the tumor.
- MRI was able give the correct diagnosis in 80% of cases.
- Pathological diagnosis was arrived at using core needle biopsy.
- Chest X-ray was taken for all cases and CT Chest was used to evaluate lung metastasis in sarcomas. None of the sarcomas showed evidence of metastasis.
- All benign tumors were treated with wide local excision with adequate skin cover . SSG or flap cover was required for providing skin cover.
- Most of the sarcomas were treated with wide local excision.
- A case of spindle cell sarcoma required postoperative Radiotherapy.
- All cases of sarcoma were followed up every 6 months with physical examination and Chest X-ray , there was no evidence of recurrence.

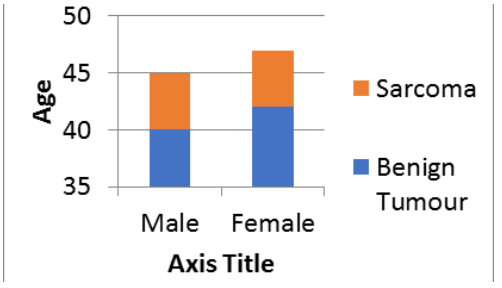

Figure [1] Histograph Shows Age And Sex Distribution Of Benign Soft Tissue Tumour And Soft Tissue Sarcoma

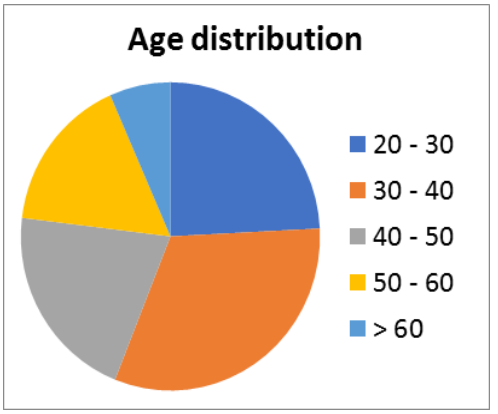

FIGURE [2] PIE CHART SHOWS AGE DISTRIBUTIONS OF SOFT TISSUE TUMOURS

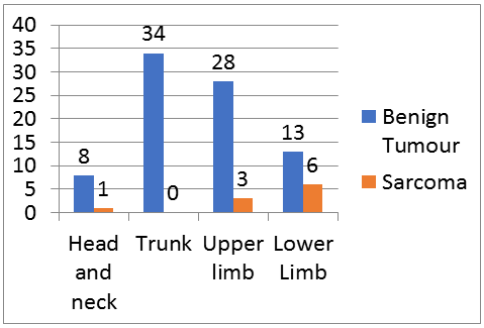

FIGURE [3] HISTOGRAPH SHOWS BODY DISTRIBUTION OF SOFT TISSUE TUMORS

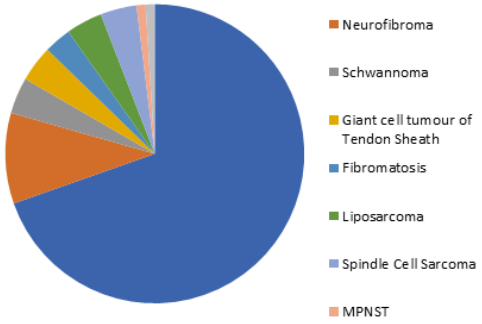

FIGURE [4] PIE CHART SHOWS DISTRIBUTION OF DIFFERENT TYPE OF SOFT TISSUE TUMOURS

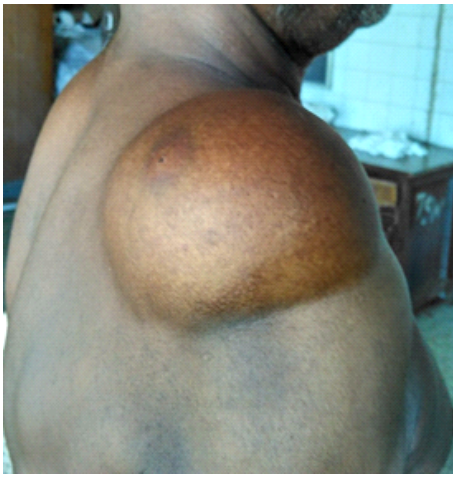

FIGURE [5] LIPOSARCOMA RIGHT SUPRASCAPULAR REGION

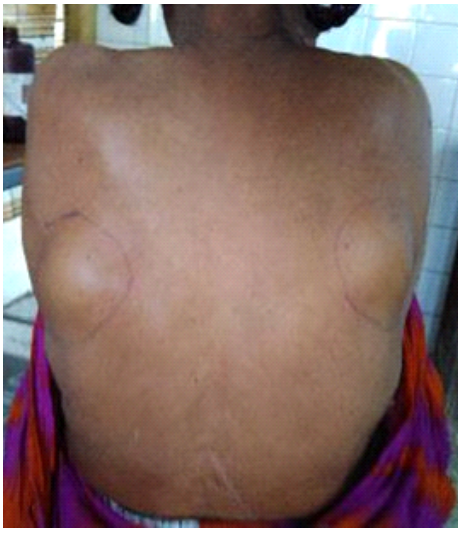

FIGURE [6] ELASTOFIBROMA DORSI BOTH INFRASCAPULAR REGION

DISCUSSION:

- Cutaneous soft tissue tumours are not a rare entity.
- The great majority of soft tissue tumours that involve the skin primarily are benign but they can pose serious problems in histological differential diagnosis and may not uncommonly mimic malignancy.
- Contrariwise, malignant or more commonly low-grade malignant tumours may focally mimic a benign process.
- An erroneous histological diagnosis may lead to over-treatment or under-treatment in both instances with important repercussions for the patient.
- All cutaneous tumours of size > 5 cm should be considered as a soft tissue sarcoma unless proved otherwise.

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