

The Risk of Local Recurrence in Cases of Unplanned Excision without Additional Wide Excision

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INTRODUCTION:

Unplanned excision of soft tissue sarcomas is an inevitable problem in the management of sarcoma. An intralesional procedure is often performed without considering the possibility of malignancy because sarcomas are rare. In these cases, additional wide excision should be performed at an early stage. However, in cases of patients declining an additional operation or were left untreated for a long period from the initial excision, observation without additional surgery may be selected. The purpose of this study was to investigate the risk of local recurrence for patients with inappropriate excision and no local residual tumor without additional wide excision.

METHODS:

We surveyed 39 cases in which unplanned excision was performed at previous hospitals for which follow up was possible from 1997 to 2021. The subjects were 19 cases where additional wide excision and chemotherapy were not performed for some reason after the first visit. The average age at first visit was 50.9 ± 4.7 years. Survival rates were estimated by using Kaplan-Meier methods with the local recurrence of the tumor as the endpoint. We evaluated differences in survival curves in terms of the type of sarcoma, tumor size, and methods of anesthesia at the initial surgery with log-rank test ($p < 0.05$ was considered significant).

RESULTS:

The mean follow-up period was 10.9 ± 1.8 years (0.62 to 24.6 years), local recurrence was observed in 15 cases among 19 cases, and the 1-year and 3-year survival rates were 47.4% and 26.3%, respectively (Figure.1). The time to recurrence was 1.1 ± 0.32 years (1.0 to 57.9 years). They included malignant fibrous histiocytoma in 12 cases, synovial sarcoma in 2 cases, and others in 5 cases. There were 9 cases with the largest diameter of more than 30 mm and 13 cases were performed under local anesthesia. None of these cases showed a significant difference in the survival curve ($p = 0.90, 0.95, 0.80$).

DISCUSSION AND CONCLUSION:

The local recurrence rate after unplanned excision in this study was obviously higher than the reported recurrence rates after planned excision. In cases where there was no clear local residual tumor on imaging studies after unplanned excision, regardless of the type and size of the tumor and the anesthesia method, the risk of recurrence was high. Prompt and wide excision is desirable in cases of unplanned excision.

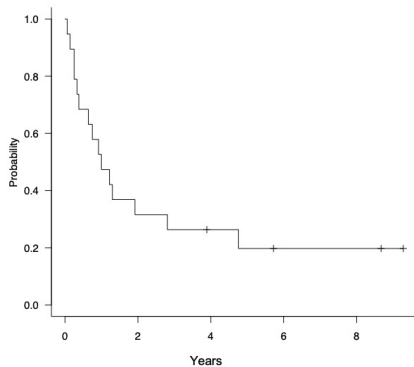


Figure.1