



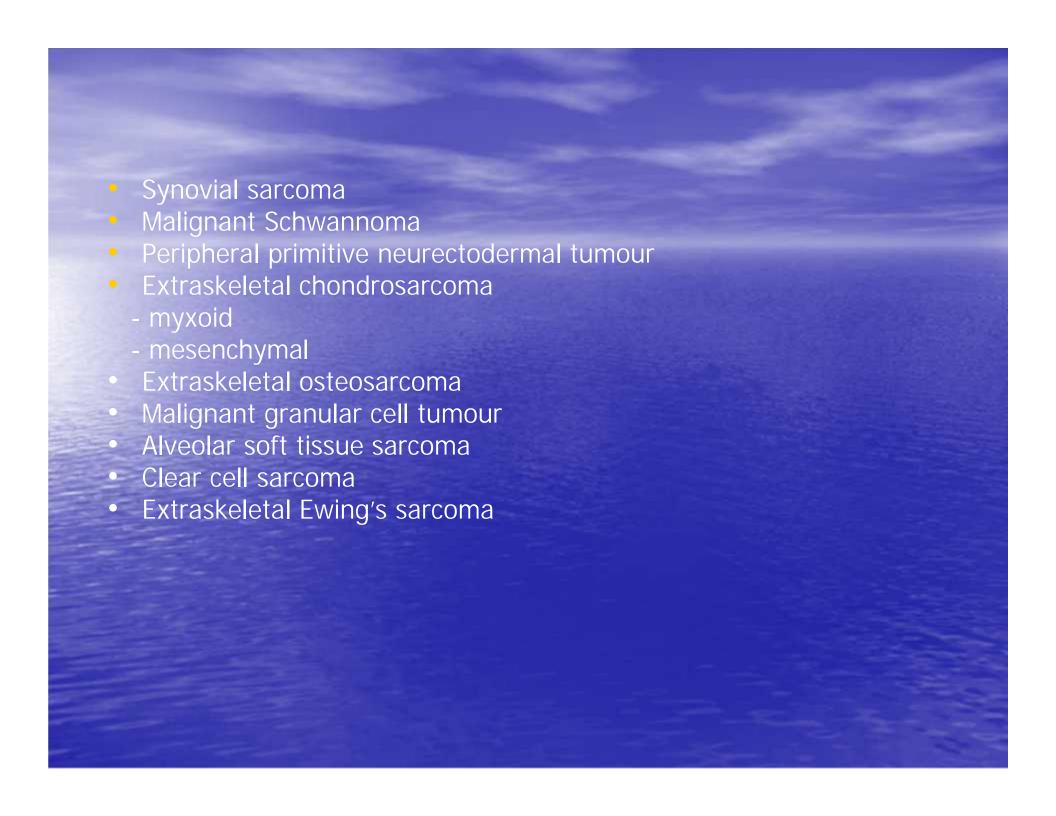
A heterogenous group of uncommon tumours with histopathological aspects of connective, muscle, fatty tissue or peripheral nerve tissue.

Include nonepithelial tumours.

Exclude tumours haematopoietic system, lymph nodes, skeleton and central nervous system.



- Fibrosarcoma
- Dermatofibrosarcoma protuberans
- Malignant fibrous histiocytoma
- Liposarcoma
 - well differentiated
 - mixoid
 - round cell
 - pleomarphic
- Leiomyosarcoma
- Rhabdomyosarcoma
- Rhabdoid sarcoma
- Angiosarcoma
- Malignant haemangiopericytoma





Lower extremity 40% (75% above knee)

Upper extremity 15%

Chest/abdominal wall 15%

Head and neck15%

Retroperitoneum 10%

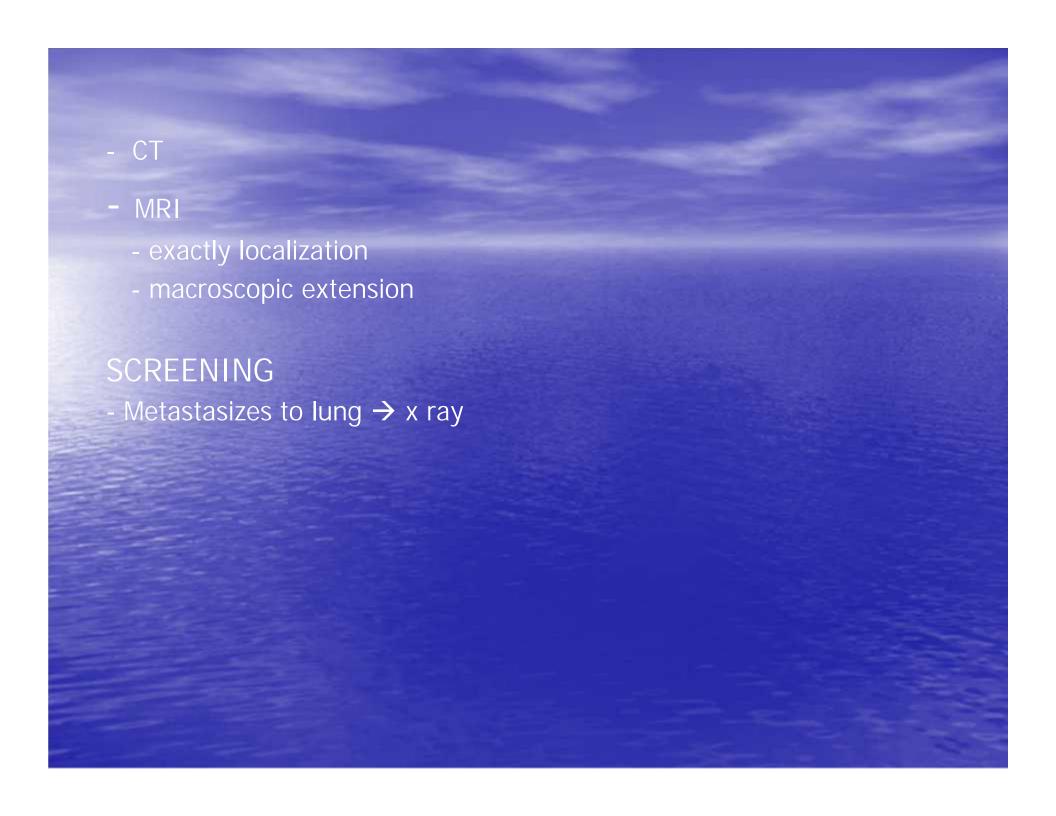


DIAGNOSTICS

- Assesment of complaints & growth speed & local tumour growth
- Assesment of regional & distant metastases
- Involvement of surrounding structures

IMAGING

- X RAYS:
 - impression extension tumour
 - skeletal involvement
- USG:
 - impression of presence
 - localization
 - extension tumour





- Avoid contamination of other muscles
- Longitudinal incision
- Not undermine skin margins
- Biopsy from peripher
- Wash with sterile water
- Pathology Recording
 - localization
 - tumour size
 - recurrence
 - previous treatment

TREATMENT

Surgery

- direct primary excision : size < 3 cm, superficial
- radical resection: tumour en bloc + normal tissue at least 2 cm

Inadequate surgery → clearance margins show evidence of residual macroscopic tumour → re-resection entire contaminated area

If re-resection is not possible → radiotherapy

Radiation

Indication:

- after plan non radical resection
- resection margin < 1 cm after fixation
- incomplete resection of the original surgical area

Patient with limited tumour process, post operative adjuvant radiotherapy reduce the risk of a local recurrence.

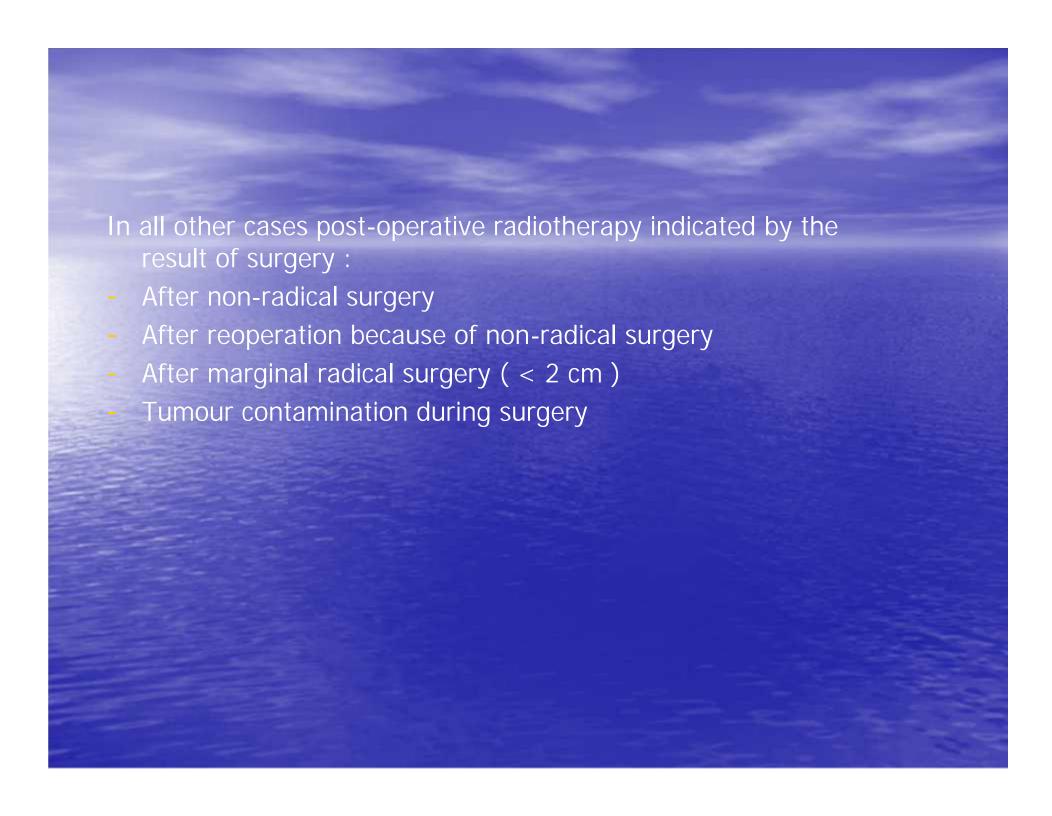
In this combined therapy → pre-operative

→ post-operative

The advantages post-operative radiation over pre-operative radiation:

- No delay of surgery
- No increased risk of post-operative complications
- Optimal information on the extent, margins and histological aspects
 of tumour → treatment volume
- The radiation oncologist can inform himself exact tumour extent during surgery

Post-operative radiotherapy indicated for G3 tumours and recurrences



Guidelines for determining the target area:

- Related compartment is target area
- Margins grades 2 and 3 are 7-10 cm longitudinally from original tumour. For low grade → the margin 5 cm.
- In subcutaneous tumours not infiltrating fascia → margin 5 cm.

Severe complication after radiotherapy:

- Function impairment fibrosis muscles & subcutaneous tissues
- Joint ankylosis
- Lumph oedema
- Vascular insufficiency vascular damage
- → physiotherapy

