# GUIDE PRACTICE FOR HE DRIVING INITIAL OF THE SARCOMA OF PARTIES SOFT: REVISION

**Jorda-Gomez Q; Angulo-Sancez MA**

## INTRODUCTION

To the tackle he issue of the driving i ni cial of the tumors of parts soft must have present that encompass from the lumps of the tissue cell phone subcutaneous until the sarcomas histologically _ further aggressive.

The tumors of parts soft present a incidence _ unknown, already that are valued by a broad fan of professionals doctors , already be doctors _ of attention first mary, surgeons generals, dermatologists either surgeons orthopedic No however, the most of are injuries are of character benign, in relationship to a process infectious, post - traumatic either i nflammatory. So only he 13 of all the cancers that affect to the population adult corresponds to the incidence _ of the sarcomas of parts soft (SPB) .

By other side, the SPB present a wide variety of typologies, if I go this subdivision _ _ of character pathological _ _ and academic, with little i nfluence in the manner of to diagnose and treat this guy of injuries.

By that is clue he correct approach i initial of these sick. Must of avoid royal i tsar Actions that they can affect to the evil forecast of the patient, already be with a late diagnosis by confusion with pathology common, doing procedures _ therapeutic that can compromise to the surgery final either to provoke a dissemination tumor i atrogenic i ca. few diseases there are sten in the that HE is I have demonstrate statistically that he center doctor where are treated is a factor forecast for a appropriate driving of this pathology. ( he )

## PRESENTATION AND DRIVING INITIAL

The most of the patients with SPB usually recount the appearance of one mass No painful that ha had a growth progressive _ to it long of months. In some cases, this growth can do that the mass compress structures adjacent, already be glasses, nerves either lymphatic System , provoking others symptoms as pain, paresthesia either edema.

TO difference of others tumors, the SPB No usually cause symptoms of the syndrome constitutional: asthenia, anorexy no loss of weight.

CRITERIA BYPASS TO UNITS OF REFERENCE

Due to this great prevalence of tumors of origin _ benign, many times encompassed inside of the driving by part of the doctors _ of attention primary, is primordial I discriminated my nar correctly which of they are subsidiaries of be derivatives to other center for perform _ studies complementary that discard pathology sarcomatous

So well, exist some criteria for the urgent referral to Units _ Multidisciplinary _ of Sarcomas of patients with injuries _ of parts soft: (2)

Mass of parts soft elderly of >5cm Injury

painful

Increase progressive of size

Location further deep of the fascia muscle relapse of a

injury after cleavage previous

Are units of Reference must be formed by a committee therapeutic multidisciplinary integrated by pathologists, radiologists, ci rujanos, radiation therapists and oncologists. After be valued he patient in he committee, if will decide the evidence complement i as to choose _ and Yeah is necessary either not perform _ a biopsy of the injury.

EVIDENCE COMPLEMENTARY

SCREENING

Through the ultrasound, a technique i know, cheap and of easy access, HE they can characterize _ the most of the injuries of parts soft, already be the tumors non- neoplastic (ganglions, who are you synovial, bursitis, bruises, abscesses, adenopathies, bodies strange s ... _ ) Like the tumors benign further frequent (li pomas, fibromatosis, malformations vascular, glomus ... )

So HE get filter and select the tumors truly suspicious of sarcoma, putting up in March the strategy diagnostic adequate for are injuries: the Resonance magnetic (RM) locoregional together with a biopsy percutaneous

RESONANCE MAGNETIC

The Resonance magnetic is the technique of choice for he study i ni cial of the injuries tumors that appear in members and pelvis. Has to perform previous _ _ to the biopsy and us i will inform about he size, location ( depth _ and compartments), boundaries injury, edema peri -injury , the relationship with structures neurovascular and areas preferable for the bi opsia. (3)

The MRI can be diagnostic for the injuries as he lipoma, neurinoma (Schwannoma) and for he myxoma i intramuscular. Yeah the MRI is d i agnostic and the injury is benign and symptomatic, HE can carry out a resection of the same yes no carry out biopsy. There is that have in account also the peculiarity of the sarcomas, that they can introduce a i image yes , thousand to the bruises, So that there is that have present always _ that a patient with hematoma without trauma prior is subsidiary _ study injure!.

Finally , has to complete he study with a CT thoracic for rule out metastases _ pulmonary.

BIOPSY

HE has to of useful izar a needle gross, guide by _ sonography either CT. Is crucial avoid the compartments anatomical No i nvolved in the I gave them and must of have always present that he journey of the biopsy has to be resected in the surgery Definitely goes . The b i ops i a us goes to i inform of the degree h istológ i co of the injuries, that at the moment HE divide in two big groups, the of low degree (G1-2) and the of high degree (G3-4) (4)

The biopsies excisional are only acceptable for the injuries of little size, minors of 3 cm.(5)

STAGING OF THE INJURY (4)

A time makes the MRI for he study locoregional we obtain he size (elderly either minor of 5cm) and the depth (superficial (to) either deep (b) to the fascia) for define the you of the tumor. Through the biopsy us It allows obtain he degree histological(G). Through the others studies of image, already be he CT thoracic either he PET-CT, We perform he study of extension for obtain the No. (lymph nodes) and the m (metastasis) .

| P ARAMETER | DESCRIPTION |
|---|---|
| _ _ _ _ YOUR MO R PRIMARY: | |
| • TX | The tumor _ first mario no _ can be ca you ego |
| • TO | curly hoisted No ev i d ence d e tum o r _ |
| • T1 | primary |
| or AIT | tumor _ < S cm in s u mayor r say men si |
| or TLB | on _ T umor _ its superficial _ |
| • T2 | T umor _ deep down _ |
| or T2A | T umor _ > scm in his older _ d i mens i on |
| or T2B | tumor _ its surface _ _ _ |
| | tumor _ deep |
| LYMPHATIC NODES | _ _ _ _ |
| REG IO N ALS | Nodules _ gang l i ona r is l i nfá ti cos No they can be evaluated |
| • N X | No nodules _ _ reg i o na l es l infáticos _ _ met to |
| • NO | static nodules reg i onal is _ lymphatic _ _ met to |
| • No.l _ | static |
| I T STASI S TO DISTANCE | |
| • MX | |
| • MO | M etas t assis to d i stanc i will No goes |
| • ml | he prays he is No you put t as i s |
| | Metastasis positive i go |
| STA T ES: | |

| | | | | |
|---|---|---|---|---|
| • STADIUM ! | G. - 2 | Tl a , 1b, _ 2a, 2b | NOT | MO |
| • STADIUM ll | G3- | Tl a , 1b, T2a _ | NOT | MEITHER |
| • STADIUM lll | 4 G3-4 | T2b | NOT | MINE |
| • STADIUM IV. | whatever _ _ _ G. whatever _ _ _ _ _ _ you | | No. either m he | |

## TREATMENT OF THE DISEASE LOCATED SURGERY

He pilar _ fundamental in he treatment of the SPB is the resection surgical of the injury , that has to be longitudinal and include some margins suitable, being by the less of 1cm _ of perilesional margin either introduce intact barriers anatomical (periosteum, epineuro, vascular either fascia muscular) together with the zone of biopsy and ancient scars. So well, HE they can categorize _ say different guys of resections:

Surgery intralesional: HE withdraw only part of the tumor, leaving a amount variable in he litter qui rúrgi co.

Surgery marginal : he flat of dissection happens to through of the pseudocapsule of the tumor. presents a high rate of recurrence local. Only is acceptable in cases of lipomas atypical.

Surgery wide: excision full of the tumor, preserving the pseudocapsule and a amount variable of tissue healthy around

Surgery radical: i ncludes all he compartment of the member in he that HE finds he tumor.

In he case of introduce margins surgical positive, is recommendable carry out other excision surgical. In how much to the search of the nodes lymphatics regional, No is a practice routine, already that the affectation nodal in the sarcomas is generally strange (<33).

By it that respects to the amputation, is TRUE that provides a local control appropriate of the injury in the most of the patients, but with nails consequences functional and psychological _ very important for he patient. Must of have always in account that, in the patients suitable, a surgery wide together with radiotherapy can provide a functionality adequate and preserve the tip of the patient without sacrifice a correct control local and the survival global when it we compare with the amputation. (6)

So well, the amputation It would indicated in the following cases:

structures neurovascular affected (No options of by-pass) No

suitable options of coverage

Infection tumor

multiple compartments affected (surgery previous, i nci yes ones transverse)

Palliative in case of disease metastatic

RADIOTHERAPY

The radiotherapy adjuvant this indicated after a resection wide when the tumor presents a high degree (G2-3), be deep either elderly of 5cm, when only HE ha I have get a surgery marginal either when we are in view of a case of recurrence local without radiotherapy previous _

Can dispense with of the radiotherapy in the most of patients that present a sarcoma of low degree (G 1), tumors little (<5cm) either superficial in the that HE ha got some wide margins of resection.

The doses _ of radiotherapy adjuvant post-surgical usually be of around of the 60-66Gy. (3)

## CHEMOTHERAPY ADJUVANT AND NEOADJUVANT

At the moment, the administration of chemotherapy adjuvant is considers in patients that present SPB with a high degree, deep and of great size. He regime usually include i r antracicl i nas and andsophosphamide, being usual 5 cycles of therapy. No however, due to the great heterogeneity of this pathology, HE has to ind i v i dualize the therapy i a to each patient.

The therapy neoadjuvant usually reserve for the patients with SPB of high degree, deep and big to the that No HE them can ensure a surgery with margins clean _ either the resection Oh to be marginal. (7)

## CONCLUSION

The sarcomas of parts soft with a entity very heterogeneous, and all doctor ought have clear the concepts general for a correct driving. The importance of the approach i initial, for avoid commit mistakes that delay he treatment of these patients. Have always _ present when a patient meets the characteristics for derive it to a center of reference in he driving and treatment of this pathology, that can save him the life.

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