DERMATOLOGICAL SURGERY

A CASE OF MYXOFIBROSARCOMA: WHAT DERMATOLOGISTS NEED TO KNOW ABOUT SOFT TISSUE SARCOMAS.

Jennifer Mancuso [1]

University of Michigan, Department of Dermatology, Ann Arbor, United States [1]

A 90 year-old female had an excision in our dermatology clinic of a 4 cm subcutaneous nodule on her forearm, thought to be a lipoma or cyst, with a transverse closure for improved cosmesis. The biopsy showed a high-grade myxofibrosarcoma. She required further tumor bed resection by Orthopedic Oncology and healing required wound vacuum placement and a delayed skin graft. She ultimately did very well, however she had a more extensive surgery and healing process due to the initial unplanned excision and transverse closure.

This case highlights that there is room to improve in Dermatology to change the approach to subcutaneous nodules. Benign soft tissue masses occur at least 100 times more commonly than soft tissue sarcomas, however sarcoma should be on the differential for any growing subcutaneous nodule. Dermatologists need to ask appropriate questions: is it painful, fixed to surrounding tissue, greater than 3-5 cm, increasing in size, recurrent, and is there adjacent lymphadenopathy? If any of these are true, malignancy should be considered.

A literature review was conducted of excisions of soft tissue sarcomas in dermatology, general surgery, and primary care. 'Unplanned excisions' of soft tissue sarcomas are resections done without preoperative diagnostic modalities, as in our case. This occurs in the diagnosis of approximately half of all soft tissue sarcomas. The data on mortality outcomes of unplanned excisions remains controversial: studies show poor outcomes, no difference, or even preferable outcomes when compared to planned excisions. However, unplanned excisions result in increased morbidity by requiring more extensive surgeries and repairs.

It is important to modify our approach to subcutaneous nodules when considering sarcoma to include pre-operative MRI prior to a diagnostic biopsy to define the etiology and extent of the tumor. Additionally, excision of any known or presumed malignancy on an extremity should be oriented longitudinally.