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Guidelines to Clinical Sarcoma Tissues Contains Heterogeneous Tumours

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INTRODUCTION

Sarcoma is rare and heterogeneous, and different subtypes have different prognoses. Desmoids are tumours with local aggressiveness. Mutations are the highly responsive to the targeted therapy, whereas soft tissue sarcomas and leiomyosarcomas are highly aggressive and do not respond to systemic therapy. Interventional radiology plays an important role in the diagnosis of sarcoma. Image-guided percutaneous core biopsy is the most commonly used biopsy technique in the diagnosis of sarcoma. The biopsy access route has been discussed with the surgeon and the skin access is tattooed.

DESCRIPTION

Surgery is the mainstay of sarcoma treatment. Excision can be large. Indeed, the goal of resection is that the quality of surgical margins influences local control and survival. Radiation therapy is possible with neoadjuvant or adjuvant treatment to improve local control rates. Recently, radio therapeutic augmenting agents injected percutaneous in soft tissue sarcomas have been shown to increase the rate of complete surgical resection. Several studies have shown improved local control rates when combined with postoperative radiotherapy. Indeed, in patients with Oligometastatic disease, complete surgical resection of all metastatic sites is considered first-line therapy, as complete remission is essential for cure. Decision-making for local therapy is complex, dependent on a variety of conditions and histologies, and should always be made in the context of an interdisciplinary discussion. Today, percutaneous image-guided treatment using ablation techniques provides a high probability of permanent local control of small malignant deposits in many organs such as lung, liver and bone. Sarcoma should be treated with multimodality therapy in a specialized reference centre. Such controls have a significant impact on forecasts.

Soft tissue sarcomas constitute an unusual and heterogeneous group of tumours of mesenchymal origin. Diagnosis, treatment and management should be performed by a multidisciplinary team of experts. Primary tumour and biopsy are mandatory prior to treatment. Wide surgical excision with margins of tumour free tissue is the mainstay of localized disease. Radiation therapy is indicated for large, deep, high-grade tumours or after marginectomy unsuitable for re-excision. For high risk sarcomas of the extremities and trunk wall, perioperative chemotherapy should be discussed. For Oligometastatic disease, patients should consider local therapy. The treatment of choice is first line therapy with anthracyclines. Other drugs have shown activity in second line therapy and in certain histologic subtypes, but the options are limited and clinical trials should always be discussed.

CONCLUSION

Soft tissue sarcoma is a rare tumour of mesenchymal cell origin. Criteria for suspicion are increased masses of soft tissue greater than 5 cm in size or located beneath the deep fascia. Diagnosis and management of these patients is preferably performed by a dedicated multidisciplinary team at the referral centre. Evaluation of patients with suspected sarcoma should include preoperative magnetic resonance imaging and biopsy. The primary local therapy for patients with localized sarcoma is based on wide surgical resection with tumour free tissue margins, most often in combination with radiation therapy. Adjuvant chemotherapy is one option that can be considered for high-risk sarcoma of the extremities. If metastases are present, lung surgery and chemotherapy are currently available options in some selected patients.

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