Poster Session: Soft Tissue Sarcoma

468. A recurrence of abdominal liposarcoma — Clinical case
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Background: Liposarcoma (LS) is the most common histological type of sarcoma. There are five subtypes (well differentiated, myxoid, dedifferentiated, pleomorphic, mixed type).

Material and methods: Description of the case of a patient with anemia, pain and swelling in the left flank by LS abdominal conditioning.

Results: A 59 year-old Portuguese female with history of gastric sleeve, 1 year ago, was admitted with throbbing pain in the right flank associated with distention and swelling bulky for 1 month of evolution. Reported nausea, asthenia and anorexia. Previous analysis revealed haemoglobin of 7.2 mg/dl. After admission and red blood cell transfusion, asymptomatic at the time discharge. In oncology where it is decided not to radiotherapy or chemotherapy.

Conclusions: The LS grows slowly and it’s diagnosed only when it becomes larger. The recommended treatment is complete resection even if necessary adjacent organs. Radiotherapy or chemotherapy is not effective in increasing survival.

No conflict of interest.

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469. Oncovascular surgery: A new perspective facing advanced retroperitoneal and pelvic malignancies
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Background: Surgical resection remains the cornerstone for the curative treatment of oncological disease. When a tumour mass encases a critical arterial or venous structure, successful symptom relief and long-term oncological control may be achieved through careful preoperative planning within a multi-disciplinary team incorporating oncological and vascular specialists. To highlight the strategic issues pertaining to the vascular management of these patients, this review addresses the principles in planning oncovascular surgery, namely where cancer resection necessitates concurrence ligation or reconstruction of a major vascular structure.

Material and methods: We considered 8 patients, 4 with a sarcoma of the vena cava, two with a recurrent cervical carcinoma and two with a retroperitoneal pelvic sarcoma. In three cases a vascular prosthesis was employed, and in the other cases a direct ligation or a tangential resection was performed.

Results: After a 24 months mean follow-up one patient locally recurred. In two cases distant metastases were observed after 4 and 9 months after the intervention. In one case we had a venous kidney infarction after one month from surgery. In all cases a slightly improvement of referred compressive symptoms was observed; QoL improvement was not assessed.

Conclusions: Major vessel involvement of a tumour mass should not necessarily be considered a barrier to en bloc resection and hence curative surgery. Radical surgical resection may offer the only chance for cure or palliation for these patients. Detailed preoperative planning within an extended multi-disciplinary team that includes vascular specialists is essential for these complex patients. The observed outcomes for different malignancies suggest that survival is dependent upon complete clearance of the primary pathology and tumour biology rather than vascular-related complications.

No conflict of interest.

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470. Surgical treatment of retroperitoneal sarcomas. Ten years’ experience
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Background: Complete sarcoma resection, experienced aggressive surgical technique and individualization of patient management is the gold standard of treatment for patients suffering retroperitoneal sarcomas.

Materials and methods: Clinical outcomes of primary retroperitoneal sarcoma resections from January 2002 until January 2012, were reviewed to determine the efficacy of complete surgical resection as the principle instrument for treatment without any radiotherapy or chemotherapy. The duration of illness, histological type, tumor size and grade as well as organ resection were recorded and subsequently reviewed. The surgeries took place at the First Department of Surgery, University of Athens Medical School, Athens, Greece, and at the Hepatobiliary and Surgical Oncology Department, Nicosia Teaching Hospital, Nicosia, Cyprus.

Results: Our study included seventy-nine cases of sarcoma resections (fifty-eight first-time laparotomies, sixteen second-time and five third-time representing fifty-eight patients (33 male and 25 female). These resections took place between 2002 and 2012. Most patients (95%) had complete resection and 46 of them did not receive neither radiotherapy nor chemotherapy, 30 day mortality was zero. Patients who had had duration of symptoms less than 3 months overall and their tumor size was less than 5cm and was histologically classed as liposarcoma low grade, had a five year survival close to 100%. Patients with more than 3 months symptoms duration, with high grade tumor, where tumor size was between 10–20 cm or more and histological types were leiomyosarcoma, liposarcoma, malignant fibrous histiocytoma or malignant peripheral nerve sheath tumor, had an average 5-year survival of 35%.

Conclusions: R0/R1 surgical resection of retroperitoneal sarcomas combined with individualized patient management when undertaken by experienced surgical teams can succeed in treating patients without the need of radiotherapy or chemotherapy adjuncts.

No conflict of interest.

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471. A clear cell sarcoma — A clinical case
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Background: The clear cell sarcoma is a rare type of primary cancer that affects young adults between 20 and 40 years. Are more common in