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Atypical lipomatous tumor and liposarcoma of the musculoskeletal system – Outcome analysis with a minimal follow up of 5 years

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Background: One of the most frequently seen soft tissue sarcomas is the liposarcoma. Due to the heterogenous biology and aggressiveness, the treatment of liposarcomas is often challenging. The well-differentiated liposarcoma was last classified as a locally aggressive tumor (atypical lipomatous tumor), whereas a marginal resection is performed at most institutions. The aim of this study was an outcome analysis of patients with liposarcomas and atypical lipomatous tumors of the extremities with respect to prognostic factors.

Patients and Methods: Patients with liposarcoma or atypical lipomatous tumor of the musculoskeletal system who were treated at the musculoskeletal tumor center between 1998 and 2007 were identified. The outcome as well as the course of disease was retrospectively analysed with regard to grading, treatment concept, resection margins, relapse, metastases and survival.

Results: In total 81 patients with a mean age of 56 years (15-86 years) were included. Previous operation at peripheral hospitals had been performed in 21 patients (26%), 67% did not have clear margins. Histopathological findings revealed a G1 tumor in 48 patients (59%), G2 in 11 (14%) and G3 in 22 patients (27%). Most frequent location (70%) was the thigh (n=57). Local relapse was recorded in 19 patients (24%), whereas 37% (n=7) had a G1 tumor. In 2 of them (11%) the recurrent tumor was dedifferentiated. In total 3 patients with G1 tumors showed distant metastases. The mean follow up was 9,8 years (5-20 years). The worst 5-years survival rate was seen in patients with dedifferentiated and metastasized tumors or in cases with positive resection margins. The complication rate was 10% (n=8).

Conclusion: Among soft tissue sarcomas the survival rate of patients with liposarcoma is relatively good. However, it is of great importance that the tumor is resected completely with negativ margins. Therefore, even atypical lipomatous tumors should be resected with proper safety margins in order to prevent dedifferentiated recurrence.