

Editöre Mektup

Is ≥ 2 cm Excision Margin Enough for Dermatofibrosarcoma Protuberans

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Sir,

Dermatofibrosarcoma protuberans (DFSP) is an uncommon soft tissue tumor that is locally aggressive and rarely metastasizes but has been associated with a high rate of recurrence reported incidence of 20-50% (1-3). Complete excision of the lesion is the mainstay of treatment (2). However there is little agreement between authors on the most appropriate surgical margin to take. Voth et al (4) presented a review of the literature comprising 157 patients with transformed DFSP. In this review, local recurrence occurred in 36% of cases and was significantly lower in patients treated by wide excision with margins ≥ 2 cm when compared to those treated with local excision without defined margins. Similarly, Farma et al (5) report the excision margin is ≥ 2 cm.

The case presented here is a 22-year-old man who was operated 4 years ago for DFSP on anterior chest wall. He was admitted to our hospital with slowly growing lesion at the upper margin of the previous excision area (Figure 1). According to the information received from the patient, the size of the previous lesion was the same, and the previous excision margin was 5 cm. The result of the incisional biopsy was DFSP, and we excised the tumor with 4 cm margin.

The present data confirm that wide excision with margins ≥ 2 cm represent the gold standard in the treatment of transformed dermatofibrosarcoma protuberans, and prevents recurrence as well as metastasis (4-5). However in the presented case the excision margin was 5 cm, and after 4 years of surgery recurrence seen. Thus, it can be concluded that more than 2 cm excision margin enough for DFSP and it should de excise the tumors wider on the areas where DFSP seen or recur.

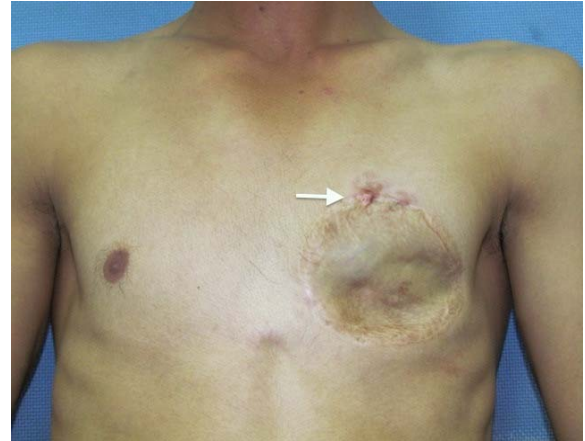


Fig. 1. Previous excision site on the anterior chest wall and the recurred lesion (arrow). The grafted site is 9X8 cm.

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Makalenin Geliş Tarihi: 08.04.2014

Makalenin Kabul Tarihi: 15.07.2014

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