

The Main Challenges in the Surgical Treatment of Abdominal Sarcomas †

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Abstract: Intrabdominal sarcomas are a problematic entity in surgical pathology given their rarity, difficulty in diagnosis, and increased recurrence rate after excision. Systemic treatments such as chemotherapy are little effective in this kind of pathology, surgical resection remaining the treatment of choice in such tumors. Soft tissue sarcomas are malignant tumors that arise from mesenchymal cells and can occur in any anatomic compartment – retroperitoneum, peritoneal cavity, abdominal wall. Surgery with microscopically negative margins represents the elective treatment. Given the location and size, sarcomas may benefit from en bloc resectioning surrounding structures to achieve the oncologic goal. Leiomyosarcomas - a subtype of sarcomas, are neoplasms of smooth muscles and represent 5-10% of total sarcomas. Their evolution varies depending on the anatomical origin, 50% is located in the retroperitoneal space. The invasion of neighborhood structures is one of the main difficulties in achieving the resectability of these tumors. Uterine sarcomas are rare tumors of the female genital tract with a poor prognosis. Occurring mostly after the fourth decade, they consist of less than 3% of all the malignancies of the genital tract. Hemoperitoneum caused by spontaneous hemorrhage from a malignant uterine leiomyosarcoma is a rare complication but potentially fatal one that requires immediate surgical treatment. The main obstacles in the surgical treatment of abdominal sarcomas are represented by the invasion of the adjacent structures, complications management, en-block tumor excision, and the impossibility to obtain negative resection margins.

Keywords: sarcomas; leiomyosarcoma; retroperitoneal space; surgical treatment.

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Conflicts of Interest

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