

## LETTER TO THE EDITOR

### Analysis of results of revision surgery of soft tissue sarcoma margins<sup>☆</sup>



### Análisis de resultados en cirugía de revisión de márgenes de sarcomas de partes blandas

Dear Editor,

We would like to offer some points for your consideration regarding the article entitled “Análisis de resultados en cirugía de revisión de márgenes de sarcomas de partes blandas” (Analysis of results of revision surgery of soft tissue sarcoma margins) published by García-Jiménez et al. in the *Revista Española de Cirugía Ortopédica y Traumatología*, vol. 60, n.º. 6, November–December 2016.<sup>1</sup>

It is essential for non-oncological centres to broach the subject of unscheduled resection since it has far-reaching impact on oncological outcomes bearing in mind that appropriate surgery is the cornerstone of the management of soft tissue sarcomas. However, the article uses the classification for bone sarcoma to describe the features of this series of patients, which does not include any case of this type. According to the current classification of the American Joint Commission on Cancer of 2010, soft tissue sarcomas are classified as T1 and T2 with a cut-off point of 5 cm. If the bone sarcoma classification with a cut-off point of 8 cm (T1 vs T2) is used it is not possible to clarify the appropriate staging for the cases included in this series. T3 (discontinuous lesions) has no equivalent in soft tissue sarcomas. In soft tissue sarcomas, metastatic disease is not subdivided into A and B, whereas in bone sarcomas, the presence of lymph node involvement is described as stage IVA.<sup>2</sup> The histological grading system for soft tissue sarcomas of the French Federation of Cancer Centres Sarcoma Group (FNCLCC) is the most used. It reports 3 grades, unlike the system of the National Cancer Institute (NCI). The FNCLCC classification showed a statistically significant difference in predicting distant disease and specific mortality when compared to its counterpart proposed by the NCI.<sup>3</sup>

The results describe 7% malignant fibrous histiocytoma (MFH) on the histopathological revision of the first oper-

ation, and 9% of the same diagnosis in the specimens from margin enlargement. The term MFH, however, has been dropped from the WHO classification, since they can be appropriately classified into another group supported by immunohistochemical techniques, genetic and molecular tests. The appropriate term for these tumours (which cannot be classified in a better way) is undifferentiated pleomorphic sarcoma, which is included in the group of sarcomas that are undifferentiated or not classifiable elsewhere.<sup>4</sup>

We consider the report of the frequency of residual disease at margin revision surgery a significant contribution. Because it is an important subject, the medical community will benefit from further analysis of these results and thus compare them with the current literature.

## References

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