

# Summary

Soft tissue sarcoma (STS) encompasses an anatomically and histologically diverse group of mesenchymal lesions, which account for approximately 1% of all malignancies.

The pathogenesis of these soft tissue tumors is multifactorial. Some tumors have genetic determinants, while environmental agents are also important etiologic factors.

Several grading systems have been proposed. Two of the most commonly employed grading systems are the U.S. National Cancer Institute (NCI) system and the Federation Nationale des Centres de Lutte Contre le Cancer (FNCLCC) system. Multivariate analyses suggested that the FNCLCC system has a slightly better ability to predict distant metastasis development and tumor related mortality .

The relative rarity of soft tissue sarcomas, and the presence of more than 50 recognized histological subtypes have made it difficult to establish a functional system that can accurately stage all forms of this disease. Staging system of the American Joint Committee on Cancer (AJCC), is most commonly used and is the most widely employed staging system for soft tissue sarcomas.

Delay in diagnosis of sarcomas is common as the majority of patients with soft tissue sarcomas present with a painless mass. Biopsy of the primary tumor is essential for most patients

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presenting with soft tissue masses. For soft tissue masses, MRI and CT have been regarded as the imaging modality of choice.

The treatment of soft tissue sarcomas has undergone significant changes over the past several decades. Previously, patients were often treated with surgery alone, which frequently necessitated amputation of the affected extremity. Currently, at least 90% of patients with localized extremity sarcomas can undergo conservative limb management combined with adjuvant irradiation, which are now feasible for most patients without compromising the likelihood of cure.

Many advances have been made in reconstruction procedures following extensive removal of tissues, resulting from refined knowledge of muscle, skin and facial blood flow and development of microsurgical procedures. Reconstructive surgeons now provide large quantities of vascularized tissues as well as specialized structures to deal with complex wound problems and improve functional results.