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What Is The Significance Of A Fungating Soft Tissue Sarcoma?

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Abstract

Background: Patients presenting with a fungating tumour represent a particular challenge to those responsible for their treatment.

Purpose: To establish the frequency and clinical implications for patients presenting with a fungating soft tissue sarcoma (STS) and to identify the prognostic effect of fungation.

Methods: Retrospective analysis of a prospectively compiled database identifying all patients with a soft tissue sarcoma of the extremity, which was fungating at the time of treatment.

Results: 86 patients were identified form 2663 patients with a STS treated since 1996 (3.2%). Fungation arose in older patients ($p<0.001$), females ($p=0.038$) and in superficial tumours ($p=0.01$). The most common diagnosis was angiosarcoma followed by undifferentiated pleomorphic sarcoma. 19% had metastases at diagnoses (compared to 10% in non-fungating tumours; $p=0.01$) and 73% of patients had stage 3 or 4 disease (compared to 54% in non-fungating tumours). Management required amputation in 25% and excision and flap reconstruction in 58%. There was a 2.3 times greater risk of patients developing local recurrence and 2.5 times greater risk of dying in patients with fungating STS. The 5-year survival was 27% for those with fungating tumours compared to 60% for those without fungation. On multivariate analysis with TNM stage and age, patients with a fungating STS had a 1.7 times worse prognosis when matched for other factors.

Conclusion: Fungation of a STS is usually an indication of either rapid growth or delayed diagnosis or both. The results presented suggest that fungation is associated with a dismal prognosis.