

EP-197

흉벽 재건을 필요로 한 재발성
고등급 액와 연부조직 육종

(Recurrent High-Grade Axillary Soft Tissue
Sarcoma Requiring Chest Wall Reconstruction)



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Purpose: High-grade soft tissue sarcomas have a high risk of recurrence when adequate margins cannot be achieved. Resection in the axilla is challenging because of complex anatomy and proximity to critical neurovascular structures and the chest wall. We report a multiply recurrent high-grade axillary soft tissue sarcoma successfully treated with chest wall resection and reconstruction.

Methods: A 51-year-old woman with a history of thyroid and left breast cancer underwent wide excision of a high-grade sarcoma of the left axilla in March 2024, followed by adjuvant radiotherapy and chemotherapy. Two sequential local recurrences occurred within the following year, resulting in repeat excisions due to persistent positive margins. After the third recurrence (Fig. 1), radical resection including the pectoralis minor muscle was performed. Frozen biopsy revealed positive deep margins, necessitating resection of the anterior chest wall. A 7 × 8 cm segment, including the third and fourth ribs, was excised (Fig. 2). The chest wall defect was reconstructed using polypropylene mesh (Fig. 3), and the overlying soft tissue defect was reconstructed with a pedicled latissimus dorsi myocutaneous transposition flap (Fig. 4).

Results: Postoperative course was uneventful, without flap-related complications, flail chest, or pneumothorax. The patient recovered well and, following adjuvant chemotherapy, has remained free of recurrence during one year of follow-up

Conclusion: In this multiply recurrent axillary sarcoma, achieving negative margins required chest wall resection. Reconstruction was performed using polypropylene mesh and a pedicled latissimus dorsi flap. This case demonstrates that complete resection and durable soft tissue reconstruction can be achieved even in complex recurrent sarcomas.



Figure 1. Positron emission tomography-computed tomography (PET-CT) obtained during follow-up demonstrating a hypermetabolic lesion in the left axilla suspicious for the third recurrence

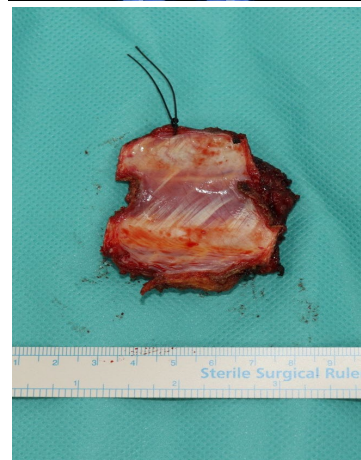


Figure 2. Photograph of the resected specimen including rib segments and intercostal muscles following en bloc chest wall resection



Figure 3. Intraoperative photograph demonstrating chest wall reconstruction using polypropylene mesh after full-thickness resection.

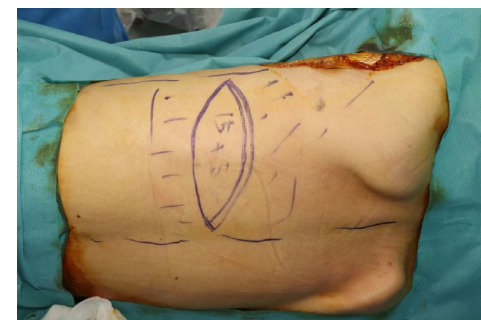


Figure 4. Intraoperative photograph showing design of a 15 x 5 cm skin paddle for pedicled latissimus dorsi flap reconstruction to cover the soft tissue defect.