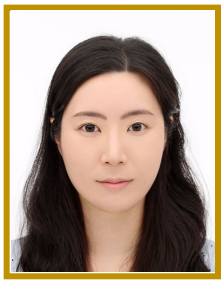
EP-243

다발성 기저 질환을 동반한 초고령 환자의 상완 육종 절제술 후 전층 피부 이식(FTSG) 재건: 보조 방사선 치료 환경에서의 성공적 생존 사례

(Full-Thickness Skin Graft Reconstruction After Upper Arm Sarcoma Resection in a Multimorbid Super-Elderly Patient: Successful Graft Survival Following Adjuvant Radiotherapy)



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Purpose: Defects following wide excision of soft-tissue pleomorphic sarcoma around a joint are typically reconstructed using local or free flaps. However, in the joint area, there is often insufficient skin tissue to perform a local flap. Additionally, considering the patient's age and comorbidities, a free flap may pose a significant burden. This case demonstrates that a full-thickness skin graft (FTSG) can serve as an effective, low-burden alternative, providing reliable coverage and helping to preserve joint mobility even after adjuvant radiotherapy.

Methods: An 89-year-old man presented with a progressively enlarging mass in the right upper arm and underwent wide excision, including the muscle fascia (Fig. 1). A full-thickness skin graft (FTSG), harvested from the right inguinal region, was applied to the defect and secured with simple nylon sutures, followed by a tie-over dressing (Fig. 2).

Results: A One month after surgery, the graft remained stable without complications. As the sarcoma was close to the resection margin, adjuvant radiotherapy was recommended. Starting three months postoperatively, the patient received adjuvant radiotherapy to the right upper arm, including the surgical bed. At seven months postoperatively (three months after completion of radiotherapy), the graft demonstrated stable integration without complications. The range of motion of the elbow was preserved. MRI of the right upper arm showed no evidence of local recurrence. (Fig.3)

Conclusion: Although flap reconstruction is preferred for extremity defects, particularly when adjuvant radiotherapy is anticipated, if there are concerns regarding surgical burden, FTSG, which is simpler and quicker, may provide comparable functional and aesthetic outcomes in the upper arm.

Fig. 1. Photograph of 8-cm mass in upper arm

Fig. 2. Photograph of performed FTSG

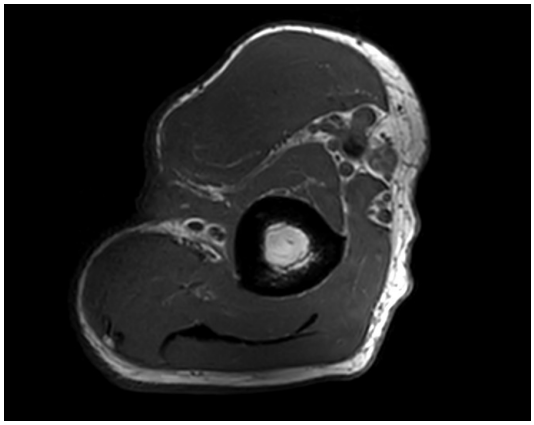

Fig. 3. MRI after 7 months after FTSG