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## (Desmoid Tumor) 7

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= Abstract =

## Seven Cases of Desmoid Tumor of Trunk

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**Background:** A desmoid tumor is a rare neoplasm of a mature fibroblast within an extensive collagen matrix. These tumors are classified pathologically as aggressive fibromatosis with local invasiveness, showing recurrences after surgical treatment, although they do not metastasize. Complete surgical excision without leaving a remnant tumor seems to be the primary treatment option, but these tumors often recur after resection. Therefore, alternative treatment strategies, including radiation therapy, nonsteroidal anti-inflammatory agents, anti-estrogen compounds, and cytotoxic chemotherapy, have been employed.

**Method:** The authors report the clinical characteristics and prognoses after treatment for seven patients who were diagnosed as having desmoid tumors and who underwent surgical excision for therapy during the ten-year period from 1986 to 1997 at Keimyung University Dongsan Medical Center.

**Results:** There were two males and five females. The most common chief complaint was a slowly growing painless mass. The duration of the symptom before diagnosis was quite different from patient to patient. The locations in the trunk were scattered diffusely: the shoulder, the chest wall, the abdominal wall, the retroperitoneum, and the pelvic cavity. The tumors were well visualized by imaging techniques such as ultrasonograms, CT scans, and MRI. Four of the seven patients experienced recurrent tumors after surgical excision; two are dead. The tumors in the recurrent patients were excised incompletely at initial surgery.

**Conclusion:** Although the uncommon, solid desmoid tumors which develop in the musculoaponeurosis of the trunk are benign pathologically, they were recurrent after surgical excision when the resection margin is incomplete. Therefore, complete excision is the only curative therapeutic modality.

Key Words: Desmoid tumor, Fibromatosis, Trunk . Desmoid "tendonlike" 1832 John MacFarlane 1838 J. 69-7, 후 700-100 Muller 'desmoid tumor' 22) Tel: 0562-44-2662, Fax: 0562-45-5311 0.03%, 3 4% : 1998 4 6 , : 1998

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Fig. 1. Case 3. CT: Slightly increased size of mass in : previous operation site and inguinal area.

Fig. 2. Case 4. A. CT: Well marginated ovoid solid mass in anterior aspect of the right 2nd rib. B. CT: Recurrent mass in the right 2nd rib.

(Desmoid Tumor) 7 147 가 가 2 3 cm 가 가  $3{\times}4{\times}7$  cm 가  $5\!\times\!1.5\!\times\!0.8~cm$  $4 \times 5$  cm  $5\!\times 1.5\!\times\!0.8~cm$ 가  $8.0 \times 5.0 \times 2.5$  cm 1 4 follow up 1 9 5. , /66 6. : 11  $2 \times$ 2 cm 가 , /32 : 3 가 5×6 cm 가 : 1993 12  $3.8{\times}5.1{\times}2.1~cm$ 가  $10 \times 5 \times 8$  cm 가 가 (extravesical space)  $12 \times 10$  cm 가 가 가 가 가  $8.0 \times 6.0$  $\times$ 5.2 cm  $7.2 \times 6.0 \times 5.5$  cm 가 가 Fig. 3. Case 6. MRI:  $10 \times 5 \times 8$  cm sized well defined huge lobulating mass in pelvic cavity

**Fig. 4.** Case 7. A. MRI: Lobulated dumbell shaped mass in left pelvic cavity. B. The gross specimen is a relatively well-demarcated dumbell-shaped rubbery mass, C. Cut section shows a glistenig pale tan, trabeculated surface with a partial myxoid change

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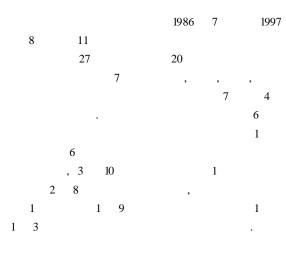
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