INTRODUCTION:
Soft tissue sarcomas (STS) are rare tumours that accounts for 1% of all malignancies. We assessed the relationship between margin and local recurrence rate associated with managing soft tissue sarcoma in our centre. Surgical margins are directly associated with local recurrence.1, 2.

METHODS:
We reviewed 48 cases of soft tissue sarcoma treated at Hospital Pulau Pinang from January 2012 to December 2016 over a period of 5 years. 35 were included in our analysis and the rest had incomplete data. Data was extracted from patient records and phone call interviews. Data analysis was done using SPSS v23.

RESULTS:
Out of 35 cases, 18 were female and 17 were male with a mean age of 47 (6 -79) years. 23 patients had wide margin on histopathological examination. The remaining 10 had close margin, and another 2 did not have margin documented. Out of the 23 wide margins, 1 had primary amputation, and the remaining 22 had wide resection. None of the patients with wide margin had local recurrence. 10 cases had close (<2mm) or positive margin. 8 out of which had local recurrence, with 7 requiring subsequent amputation; another patient was counseled for amputation but he refused amputation and died of lung metastasis. Another 2 cases had no local recurrence despite having close margin.

DISCUSSIONS:
Managing soft tissue sarcoma poses great challenge to the treating surgeon. Close and positive margins are associated with local recurrence. Local recurrence in our setting is associated with subsequent amputation. Our sample size is not big enough to assess risk of local recurrence between positive and close margin.

CONCLUSION:
Soft tissue sarcoma surgery with adequate margin is crucial in avoiding local recurrence. Local recurrence is associated with significant risk of eventual amputation.

REFERENCES:
1. Potter, B.K et al 2013. Impact of margin status and local recurrence on soft-tissue sarcoma outcomes. JBJS, 95(20), e151.