SUMMARY

Soft tissue sarcomas are rare tumors that challenge the diagnostic and therapeutic skills of surgeons and other physicians. These tumors require a multidisciplinary approach for optimal management. these tumors are of mesenchymal origin, including muscle, endothelium, cartilage, and supporting elements and excluding the reticuloendothelial system and the blood elements. By convention, soft-tissue sarcomas also include tumors of the peripheral nerves. Although the incidence of benign soft-tissue tumors (e.g., lipomas) is extremely high, the incidence of malignant sarcomas is low, 1,5 per 100,000 population, or approximately 8000 new cases per year in the United States (compared with 50 to 100 new cases of breast cancer per 100,000 population per year). Soft-tissue sarcomas are classified according to which mesenchymal tissue they most closely resemble histologically. More than 30 different histologic subtypes of soft-tissue sarcoma exist and are distinguished by classification schemes. Soft-tissue sarcomas can arise virtually anywhere in the body, including the viscera, genitourinary system, breasts, and vascular system.The most common site for these tumors is the lower extremity

Over the past several decades, remarkable progress has been made in the care of patients with soft tissue sarcoma. Once the hallmark of surgical care in this disease, amputation has now become an extremely unusual event in the therapeutic management of these patients. In adults, oncological resection of the tumor marks the crucial step in the treatment schedule. Surgery with tumor free margins (RO resection) usually is accomplished by compartmental or wide surgical excision of the tumor region. In sarcomas of the extremities, the preservation of limb function has been achieved in the majority of patients. adjuvant radiotherapy for the improvement of local control is restricted for tumors whose grading proves to be moderate or low, implying a dismal prognosis for local tumor control, distant metastases. and

ultimately survival. A much better understanding of the natural history and biology of this complicated multifactorial disease entity has been established. Radiation therapy techniques have been refined and standardized across centers. New diagnostic imaging approaches have come online, with more to follow. Microvascural surgical reconstructive approaches have remarkably improved the surgical options in this disease. The advent of molecular-based staging systems looms on the horizon. New systemic therapeutic approaches involving immuno-therapy and/or molecular-based treatment strategies need to be developed to control dissemination and thereby improve the overall outcomes for these patients.For patients with localized, high-risk sarcoma, the primary goals of combined-modality therapy are to maximize local control and to minimize amputation rates. Concurrent chemoradiation takes advantage of both the cytotoxic and radiosensitizing properties of certain chemotherapeutic agents.

Soft tissue sarcomas are the important type of body tumours which has a bad prognosis due to its early metastasis and bulky in tissues which infelt rating all near tissues. It is very important to be detected as early as possible to save life of the patients before its dangerous effects. Soft tissue sarcomas has more and different types and could occur at any site if the body especially in young ages and vascular tissue which is rare and very dangerous but the early detection is the golden type to converts this bad prognosis to good prognosis. The new recent diagnostic tools playing a golden rule in these tumours and also the new methods of treatment using genetic control and radiotherapy before, during and after surgical procedures improves the prognosis tuards couplete healing. The recent surgical procedures by radical and plastic surgery with organ replacements is the golden gall for prognosis of these tumors.