INTRODUCTION

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 (**Karakosus 1986**).

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. Local tumor recurrence and the development of distant metastases remain unsolved clinical problems in the treatment of soft-tissue sarcomas. Despite the introduction of multimodal treatments for moderately- and poorly differentiated sarcomas, about half of adult patients will ultimately suffer from one of these sequelae.