Editorial

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Editorial Note on Reconstructive Surgery and its Functioning

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Following a sarcoma resection, skeletal and soft tissue regeneration is difficult. Advanced reconstructive procedures have been demonstrated to increase limb salvage rates and improve function. The goal of this study is to look at how plastic surgery is used following a sarcoma resection in a multidisciplinary team setting. The type of operation, postoperative problems, and tumour recurrence were all investigated using medical data. Oncologic diagnosis, anatomic location, and operation type were all used to categorise the observations.

Patients were eliminated if the final pathology did not indicate sarcoma, if resection or reconstruction were not performed at our institution, if resection occurred more than 60 days before reconstruction, or if no follow-up was reported within three months. Reconstructive surgery was performed on 116 of the 747 patients who matched the inclusion criteria. The position of the tumour was linked to the requirement for surgical reconstruction. Plastic surgery participation was more common in patients with tumours in the upper (P=0.0073) or lower (P=0.0265) extremities. After oncologic excision, patients with a history of operational interventions had a greater risk of reconstructive surgery (odds ratio, 1.649; P=0.019). After sarcoma excision, neoadjuvant radiation was linked to a higher risk of reconstructive plastic surgery (Odds ratio, 2.131; P=0.0004).

Understanding the reasons that demand reconstructive plastic surgery after sarcoma resection might improve patient outcomes, such as limb salvage rates, functioning, and aesthetic results, within a multidisciplinary sarcoma centre.

