CORRESPONDENCE

The Consequences of a “Harmless” Frontal Swelling

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Centrifugal Surgery

The authors presented the case of a dermatofibrosarcoma protuberans (DFSP) on the forehead of a 31 year old man (1). Multiple further surgical procedures were required before an R0 resection was achieved. Since a longer follow-up of the patient is not presented it remains elusive whether an age-appropriate esthetically acceptable reconstruction will ever be successful.

More than 90% of DFSP cases are associated with a chromosomal translocation (t [17; 22]) which can be treated by using a tyrosine kinase inhibitor—for example, imatinib (2–4). Interested readers were not informed about molecular findings in this patient but under (neoadjuvant) treatment with imatinib, the surgical interventions would probably have been less extensive.

Imatinib is approved for the treatment of adult patients with non-resectable DFSP. In the DFSP guideline, the option of imatinib-based preoperative tumor size reduction is mentioned, but as off-label use in the neoadjuvant setting.

In Reply:

State of the art therapy of dermatofibrosarcoma protuberans (DFSP) consists of surgical resection with micrographic margin control (1). When using the multikinase inhibitor imatinib, the response rate after up to three months is 36–57%. Meanwhile the morphology of the tumor cells changes so that safe and certain histopathological distinction from vital tumor cells to the adjacent tissue becomes more difficult. Imatinib is not licensed for neoadjuvant therapy of DFSP. Off-label use can, however, be discussed for tumors regarded as difficult or inoperable, for the purpose of tumor debulking (2).

The decision about the resectability of the DFSP was discussed prior to the skin tumor conference and—in analogy to the DFSP guideline—was made in favor of state of the art treatment in view of its size, localization, operability, and the patient's age. In addition to the interdisciplinary team, a plastic facial surgeon should be consulted, especially for surgery in the exposed facial area.

Secondary wound healing in combination with a meshed split-thickness skin graft is one of the tried and

In our view, the question of when a tumor should be regarded as “non-resectable” should be discussed in an interdisciplinary tumor board while considering the patient's age and the tumor's location.

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tested therapeutic approaches and yields good esthetic results in plastic facial surgery if the possibilities of local flap surgery are exhausted (3). In the described case (4), an adequate cosmetic result was achieved, with little functional impairment. DOI: 10.3238/arztebl.2018.0598b

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Conflict of interest statement

The authors of both contributions declare that no conflict of interest exists.