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Management of abdominal desmoids: a systematic review

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Background: Desmoid tumors are benign fibromatous tumours arising from dysregulated myofibroblast proliferation within musculoaponeurotic structures. Classically, these tumours do not metastasise but can cause significant morbidity and mortality due to their infiltrative pattern and/or local invasion. Historically, surgical resection with the aim of achieving histologically negative margins has been the cornerstone of therapy, however in recent years a shift towards an observational or pharmacological approach is advocated. A paucity of data regarding outcomes remains, with no consensus as to the most effective therapeutic approach. Therefore, we aimed to assess the current evidence base for the surgical management of abdominal desmoid tumours in terms of success, recurrence and morbidity.

Methods: A systematic search of articles in PubMed, EMBASE and The Cochrane Library databases was performed according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines.

Results: Twenty-three studies reporting on 769 patients undergoing surgical resection of desmoid tumours involving the abdominal wall or intra-abdominal were included. Median follow-up of these patients was 54.4 months (range, 1–372 months). 51.4% of surgical patients achieved an R0 resection. Overall, 18.5% (n=142) of surgically managed patients of which 52.3% had an R0 resection initially, had a recurrence. A total of 31.5% (n=73) of patients

managed with intention to treat medical therapy failed to achieve disease remission. There was a 5% morbidity and 0.86% mortality rate across all studies evaluating surgical management.

Conclusions: The management of desmoids still has considerable heterogeneity. Surgical resection for abdominal desmoids remains a valid treatment option, with low recurrence, but should only be considered if clear margins are achievable.

Keywords: Abdominal; desmoid; abdominal wall; recurrence; surgery

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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