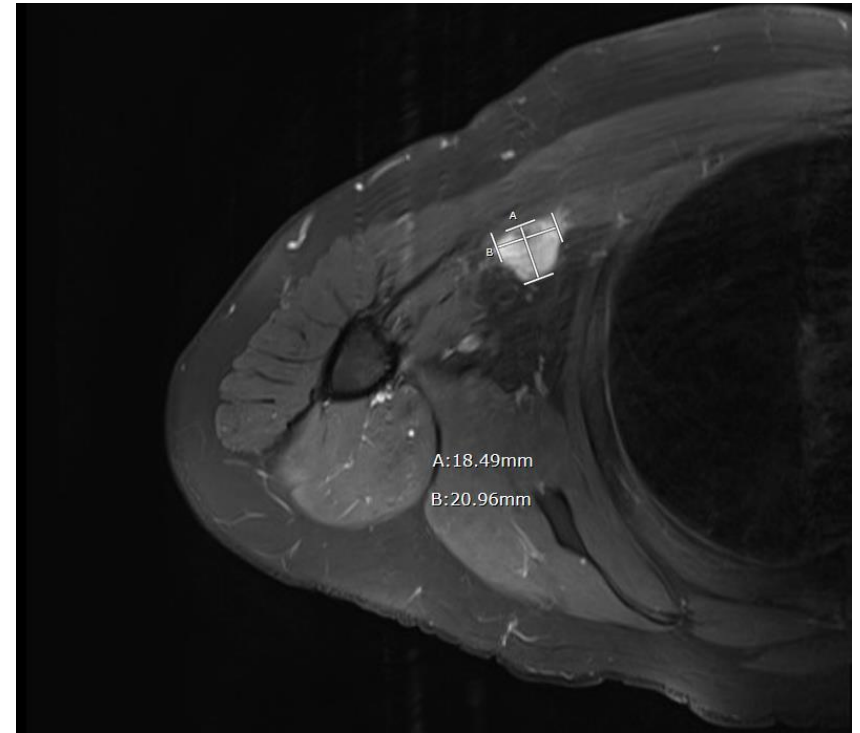
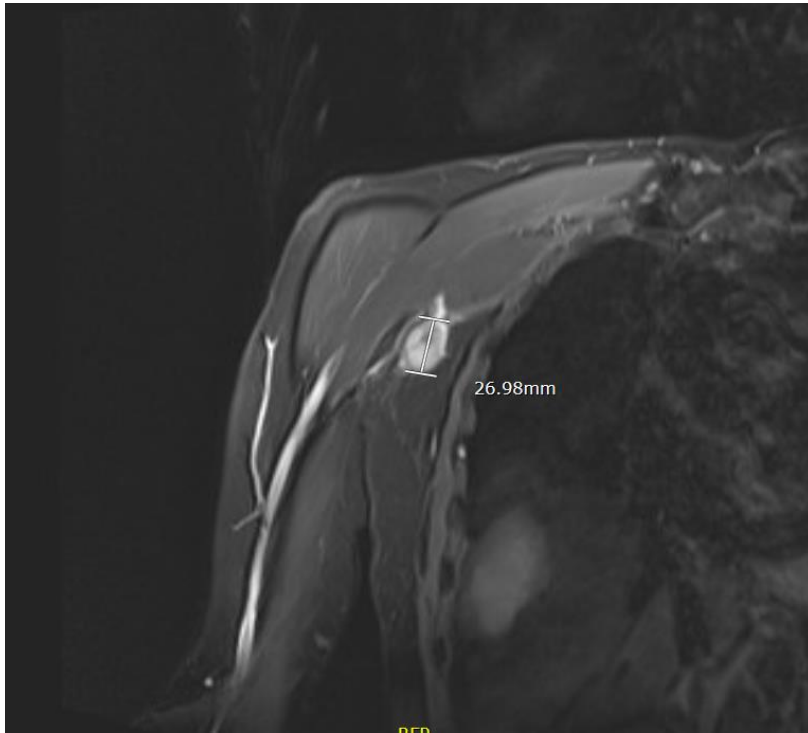


forequarter; wo chest wall

- **1. Pleomorphes Liposarkom Grad 3 der Thoraxwand (ED 2006)**
 - St. p. R0-Resektion subaxillär rechts am 05/06 (Kantonsspital Baden)
 - St. p. konsekutiver Radio-Chemotherapie mit Adriamycin/Iphosphamid vom 07/06-10/06
 - St. p. perkutaner Radiotherapie der re Brustwand infraxillär 12/06-01/07; 33Gy x 2 =66Gy
 - St. p. Liposarkom-Exzision axillär rechts am 05/10 (Erstrezidiv; Kantonsspital Baden)
 - St. p. Resektion Sarkometastase axillär rechts am 26.02.2016 (Zweitrezidiv)
- **2. St. p. konsolidierte Fraktur antero - laterale Rippe 7**
- **3. Hämangiom Lebersegment VII, DM: 5 cm**

forequarter; wo chest wall

MRI 07.01.2016:



forequarter; wo chest wall

Pathologie 08.03.2016:

Diagnose

Haut- /Weichteilresektat (Axilla rechts) mit einem 4 cm grossen, knotigen Infiltrat des bekannten pleomorphen Liposarkoms. 7 tumorfreie Lymphknoten (0/7) miterfasst.

Bezüglich Resektatrand siehe bitte Kommentar.

Kommentar

Makroskopisch stellt sich der Tumorknoten axillär (auf Seite der Fadenmarkierung)

Randbildend dar. Gemäss der Besprechung mit dem Operateur (03.03.2016; Dr. J. Plock, Chirurgie USZ) entspricht diese Tatsache auch dem intraoperativen Befund.

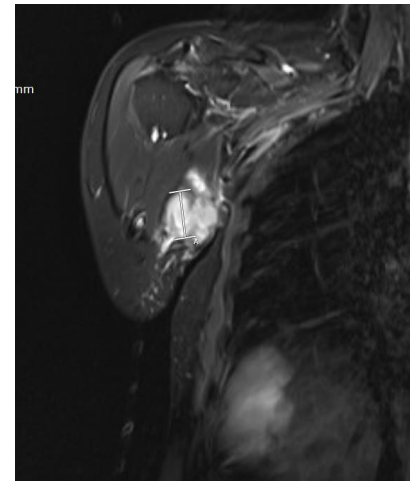
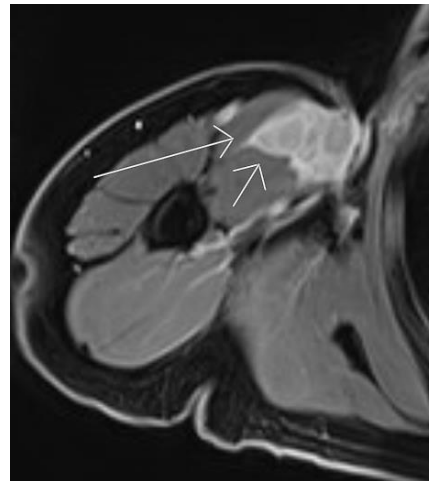
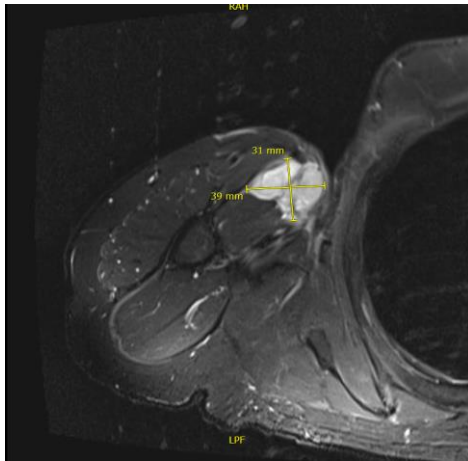
Zu den Übrigen Resektatränder misst der Abstand jeweils deutlich > 1cm.

forequarter; wo chest wall Kontrolle 6/2017

V.a. Lokalrezidiv Axilla/Oberarm rechts ca 4cm

***MRI: Lokalrezidiv/Metastase mit MÖGLICHEM Kontakt
V. brachialis, Plexus brachialis***

CT Thorax/Abd: kein Hinweis für Lymphknoten/Fernmetastasen



forequarter; wo chest wall

Sarkomboard 6/17

Zusätzliche Radiatio

Neoadjuvante Strahlentherapie des Rezidivs mit $28 \times 1.8 \text{Gy} = 50.4 \text{ Gy}$

Vom 10.7.-17.8.2017

Re-Staging: weiterhin kein Anhaltspunkt für Metastasen

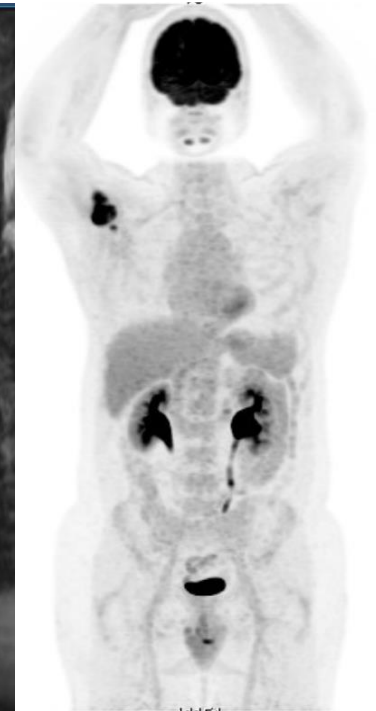
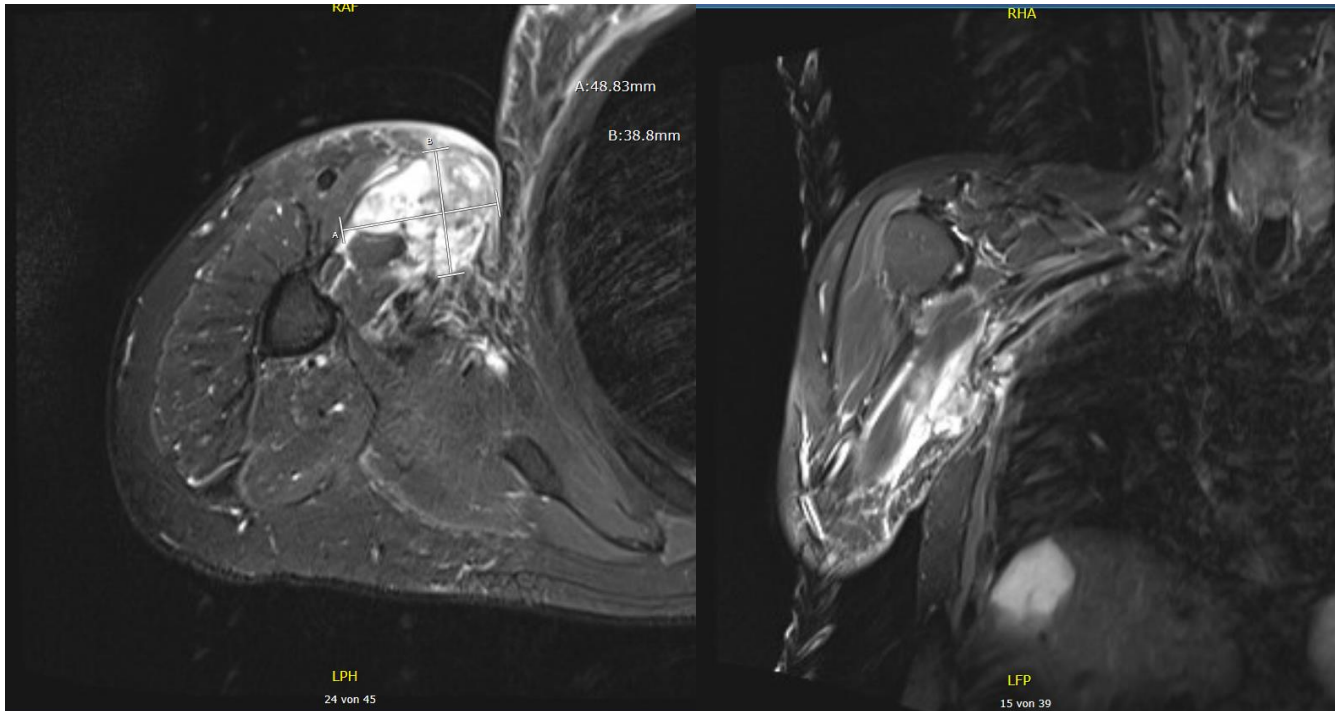
forequarter; wo chest wall

Sarkomboard 10/17

Präoperative Vorstellung:

Duplex 25.9.: Infiltration der V. axillaris, Kompression

MRI 14.09.2017



forequarter; wo chest wall



September 25, 2017

forequarter; wo chest wall



October 27, 2017

forequarter; wo chest wall



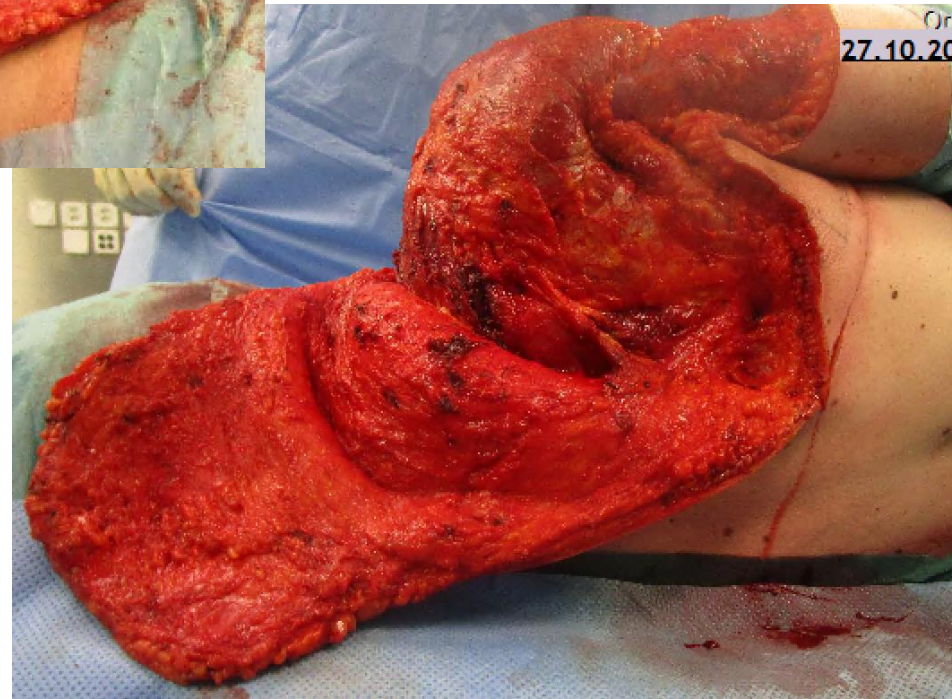
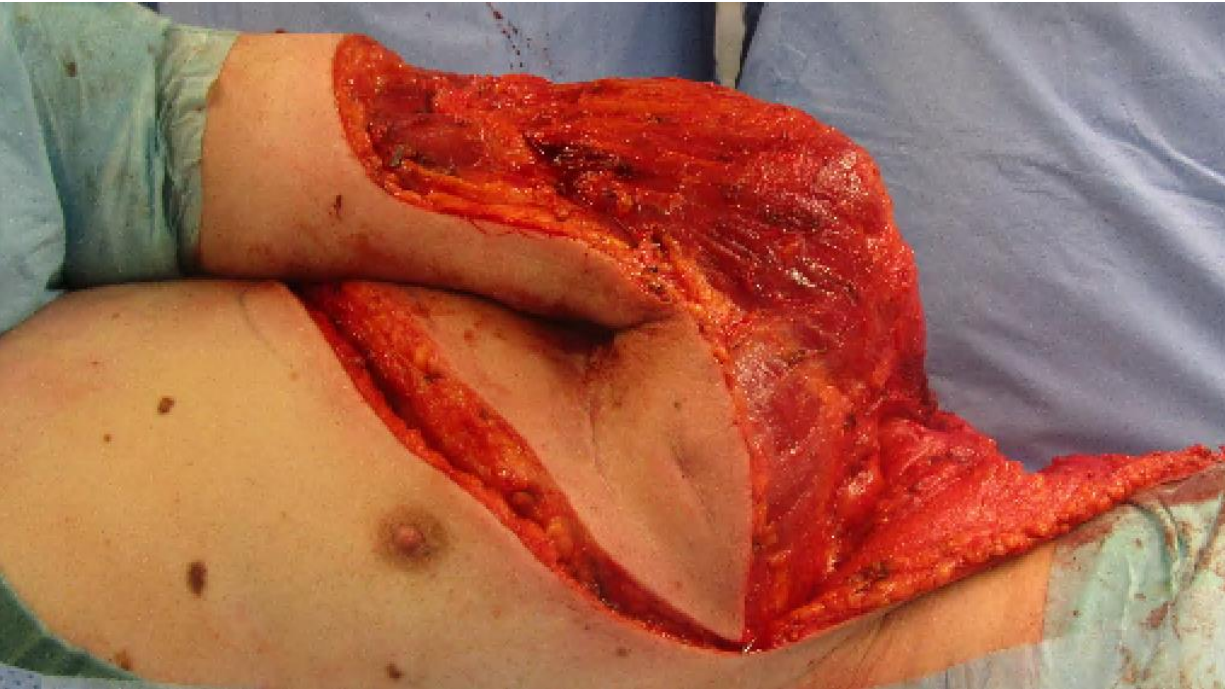
October 27, 2017

forequarter; wo chest wall



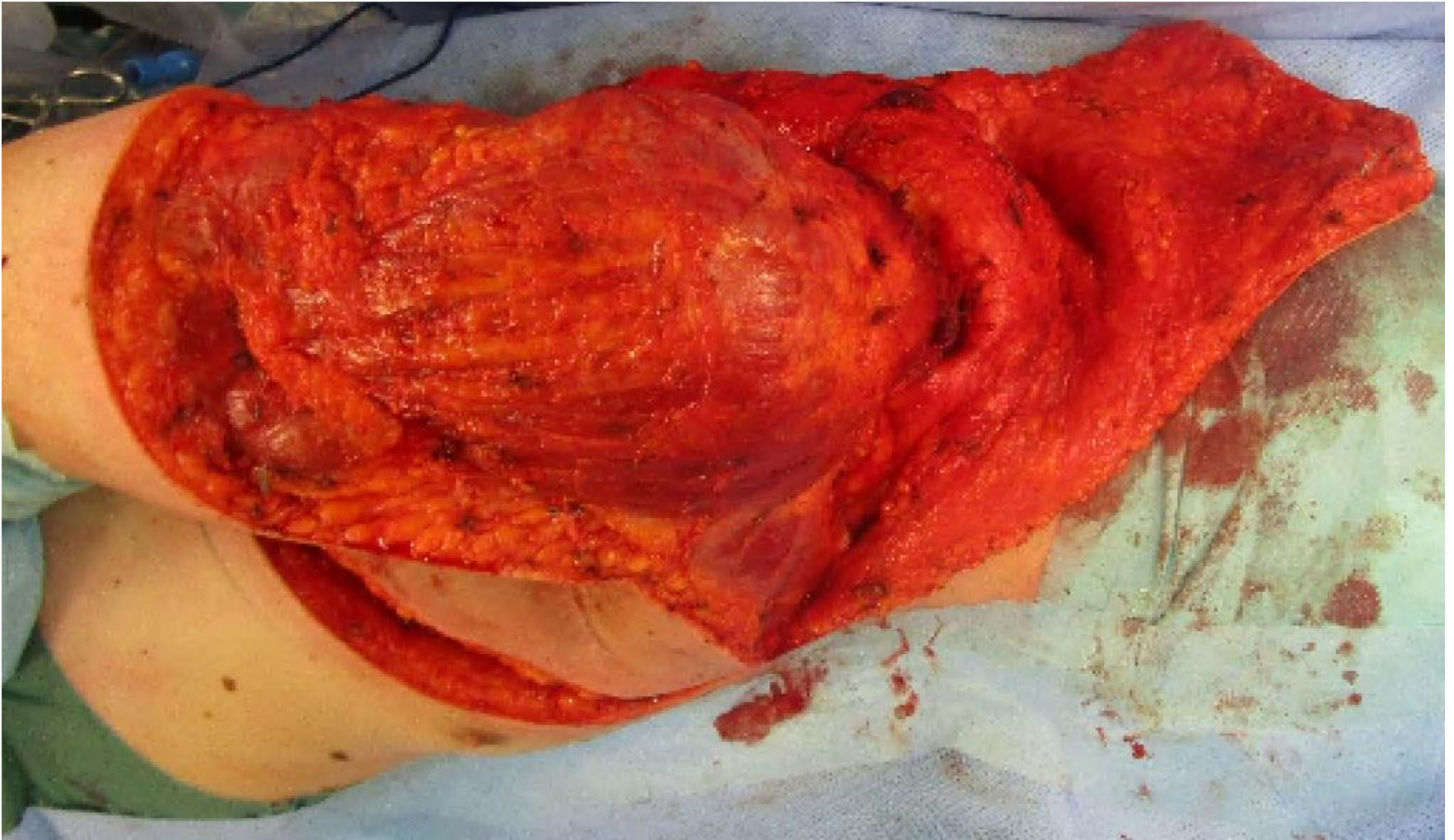
October 27, 2017

forequarter; wo chest wall



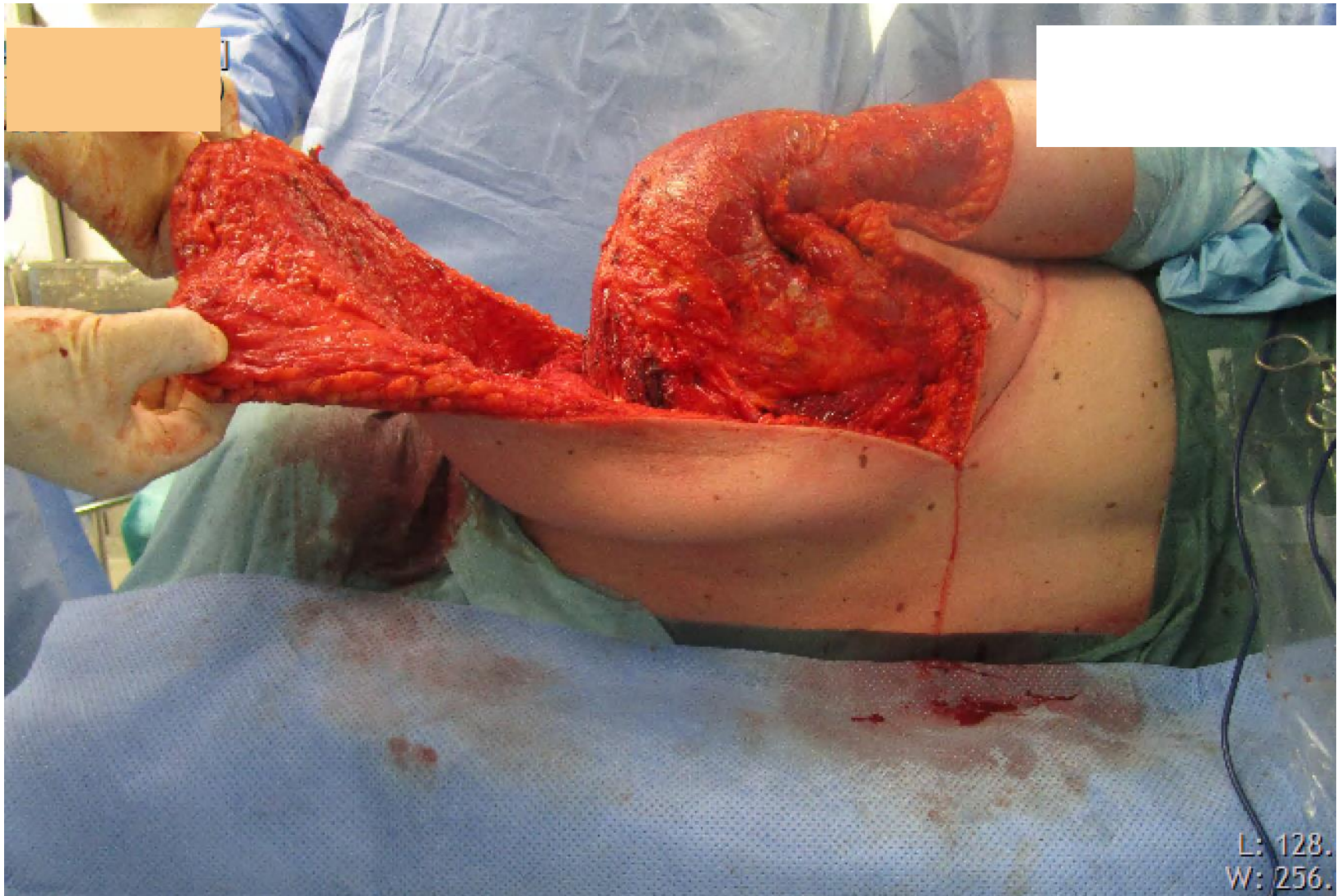
October 27, 2017

forequarter; wo chest wall



October 27, 2017

forequarter; wo chest wall



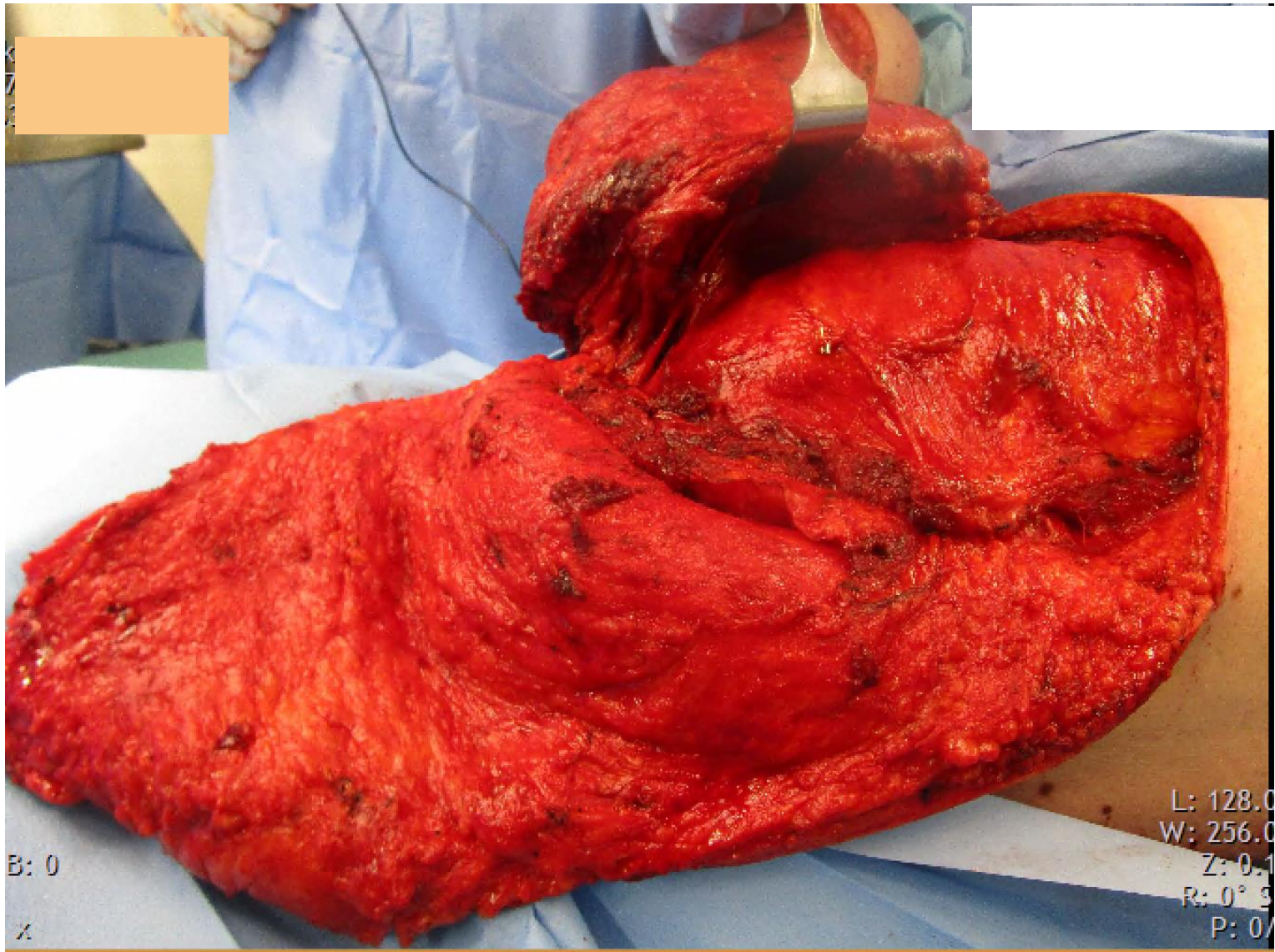
October 27, 2017

forequarter; wo chest wall



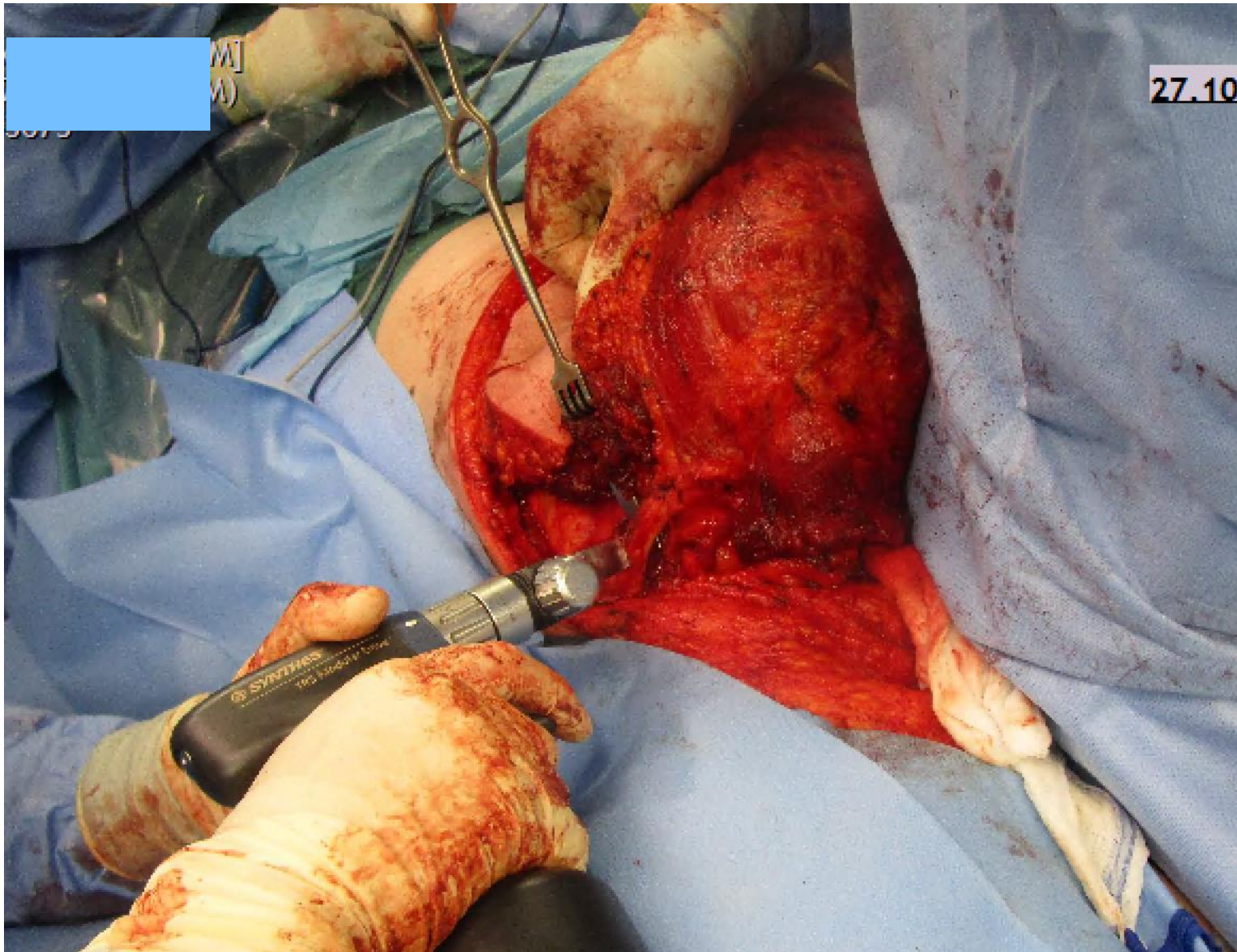
October 27, 2017

forequarter; wo chest wall



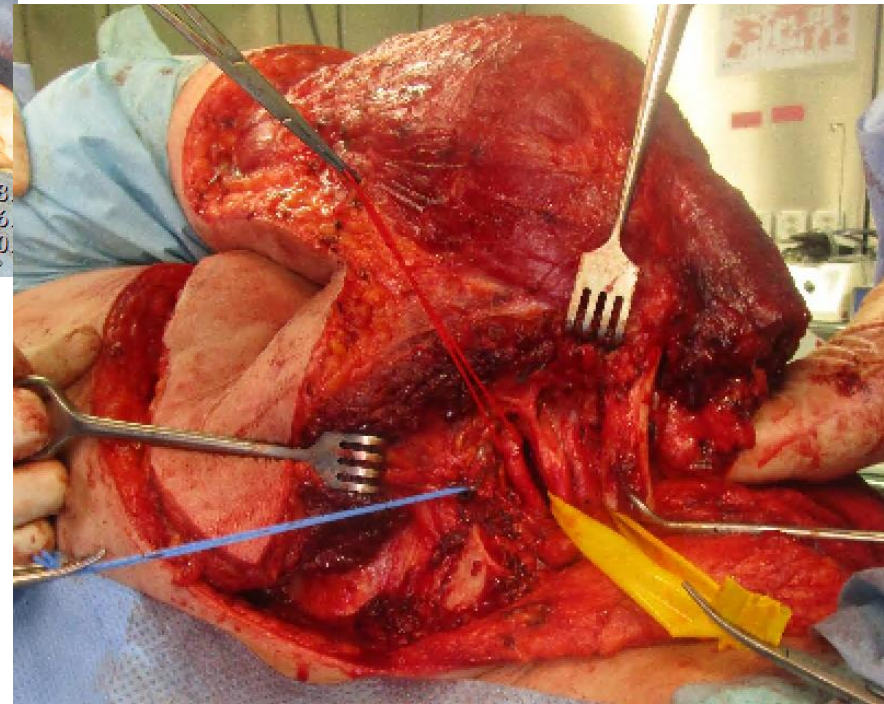
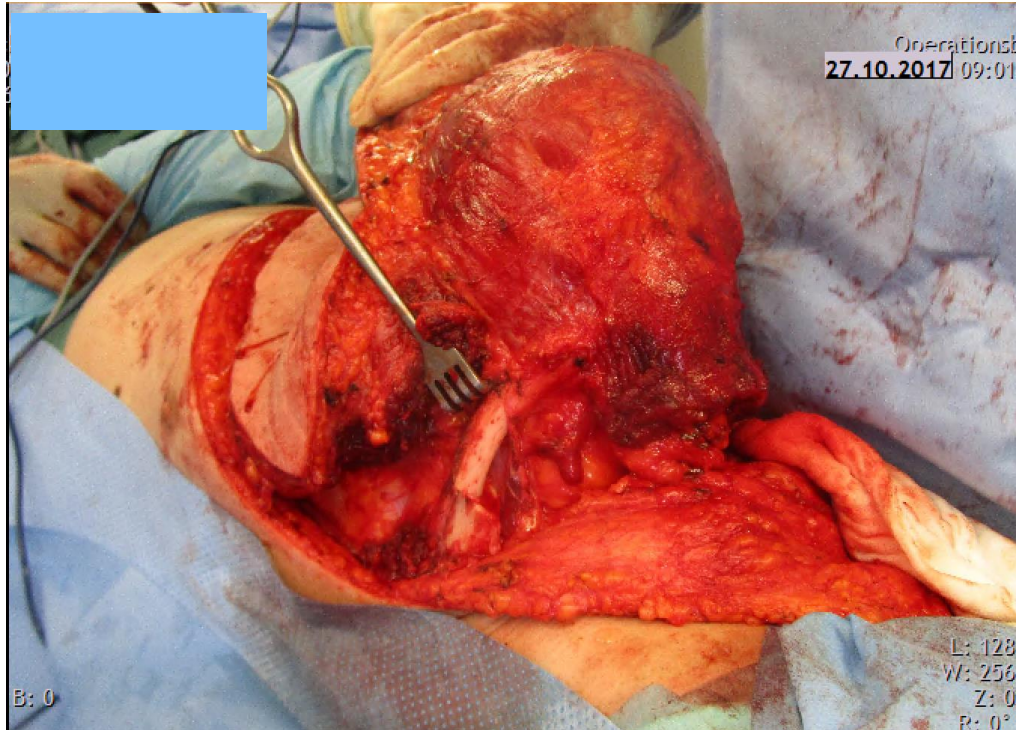
October 27, 2017

forequarter; wo chest wall



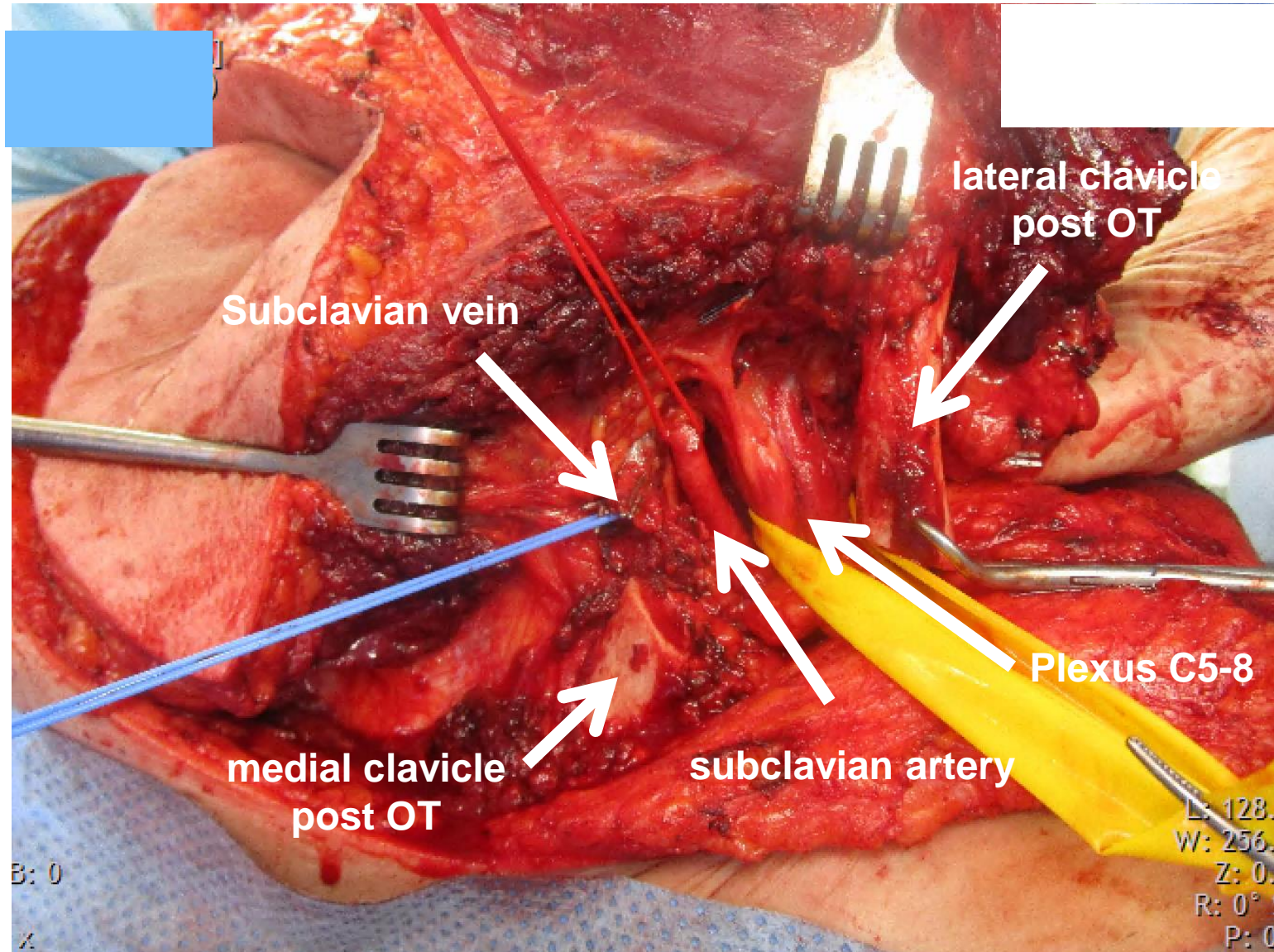
October 27, 2017

forequarter; wo chest wall



October 27, 2017

forequarter; wo chest wall



October 27, 2017

forequarter; wo chest wall



October 27, 2017

forequarter; wo chest wall



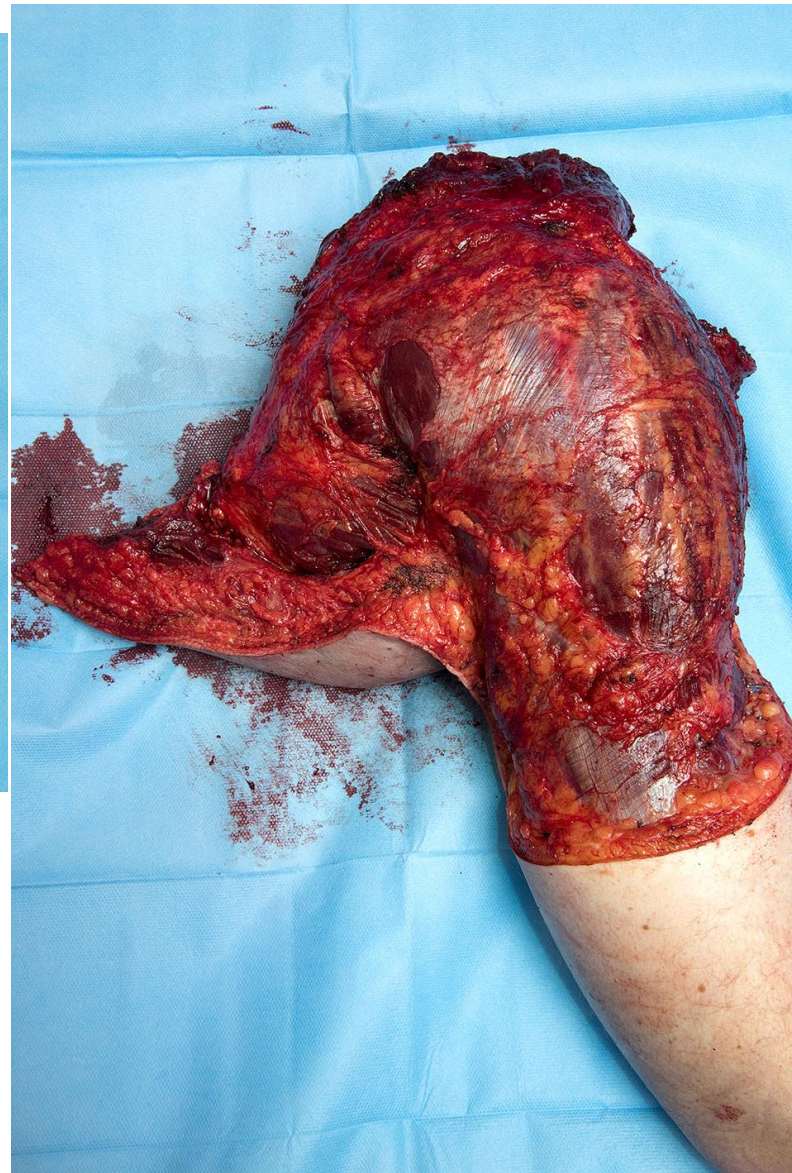
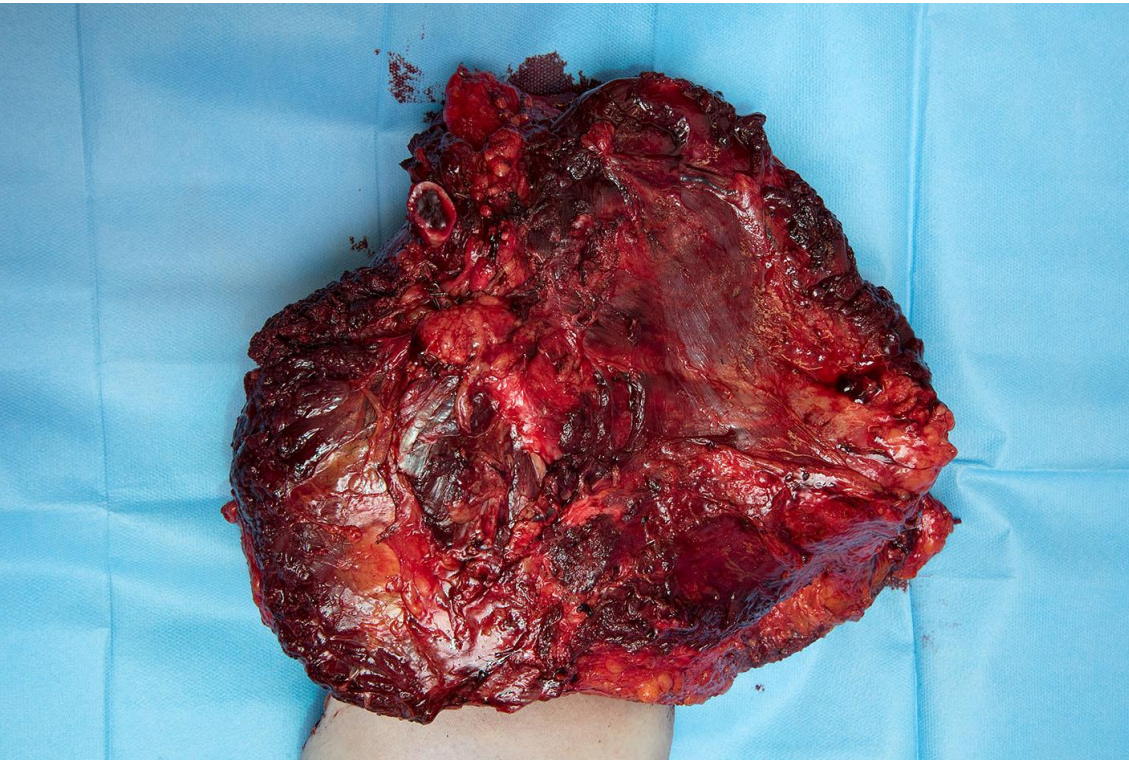
October 27, 2017

forequarter; wo chest wall



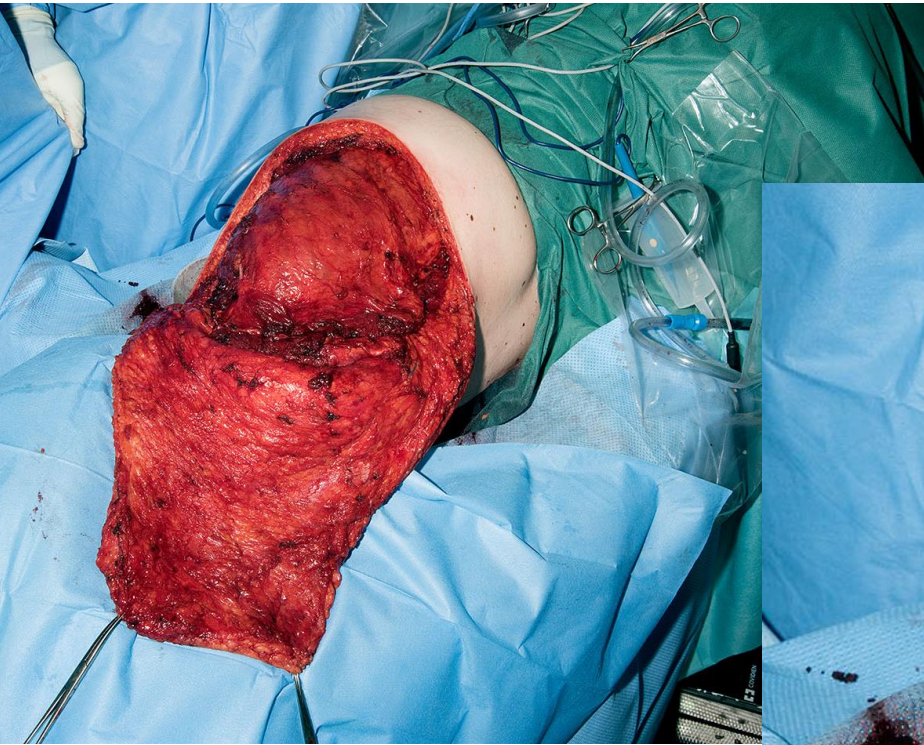
October 27, 2017

forequarter; wo chest wall



October 27, 2017

forequarter; wo chest wall

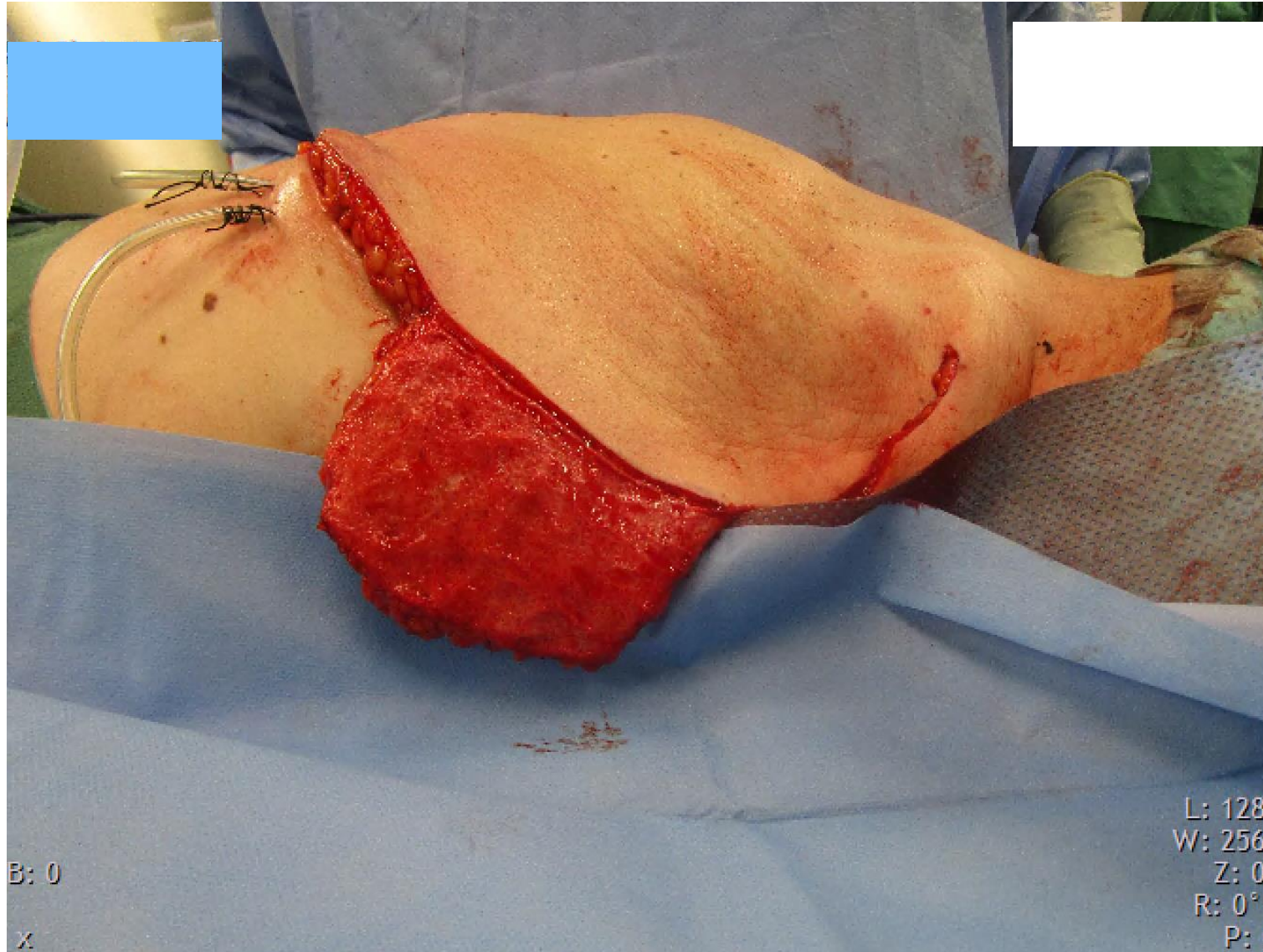


forequarter; wo chest wall



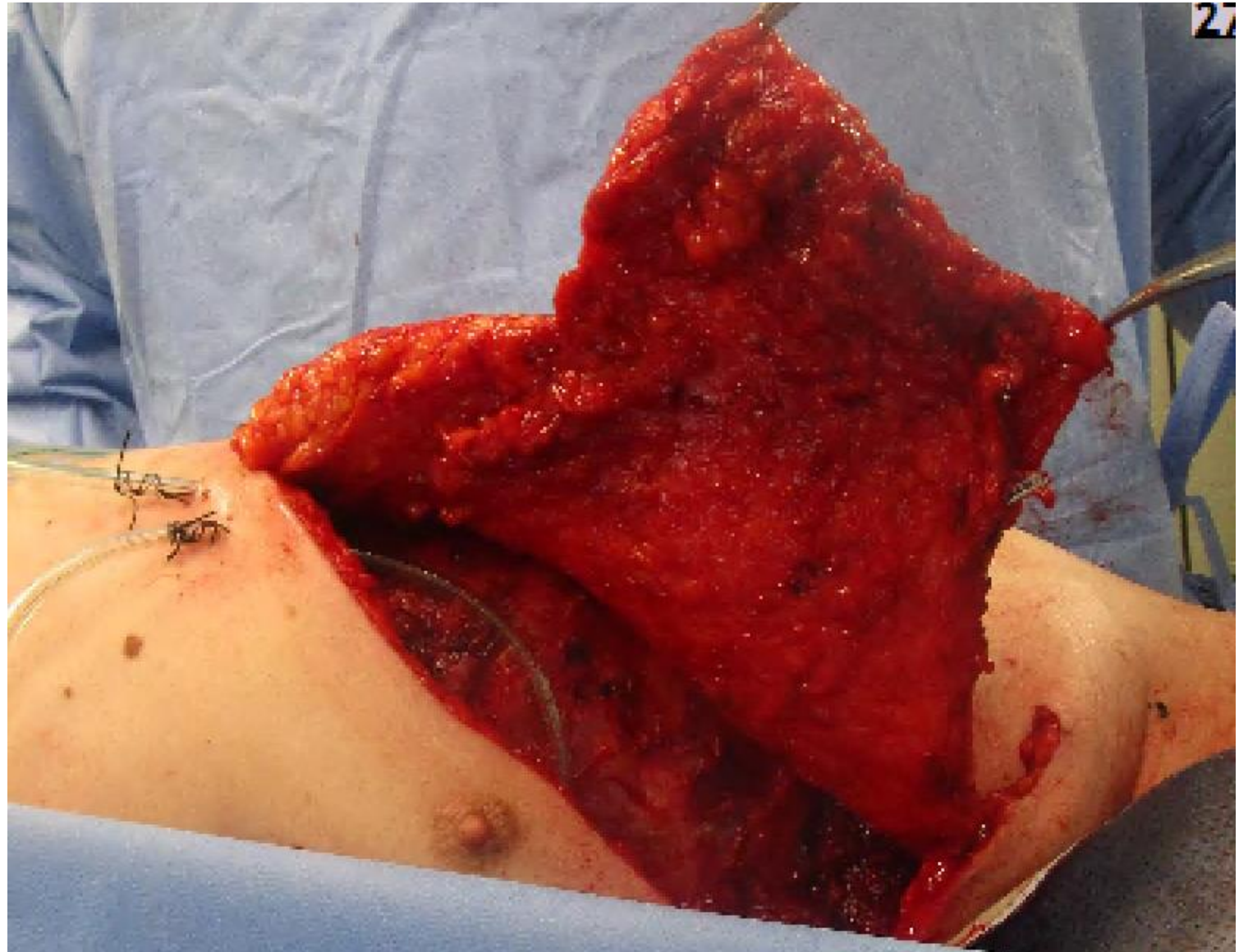
October 27, 2017

forequarter; wo chest wall



October 27, 2017

forequarter; wo chest wall



October 27, 2017

forequarter; wo chest wall



October 27, 2017

forequarter; wo chest wall



October 27, 2017

forequarter; wo chest wall



October 29, 2017

forequarter; wo chest wall

May, 2018:

**last recheck:
no local nor systemic recurrence**