

OBJECTIVE

Dermatofibrosarcoma protuberans (DFSP) is a rare, locally aggressive condition with a high propensity for recurrence if incompletely excised.

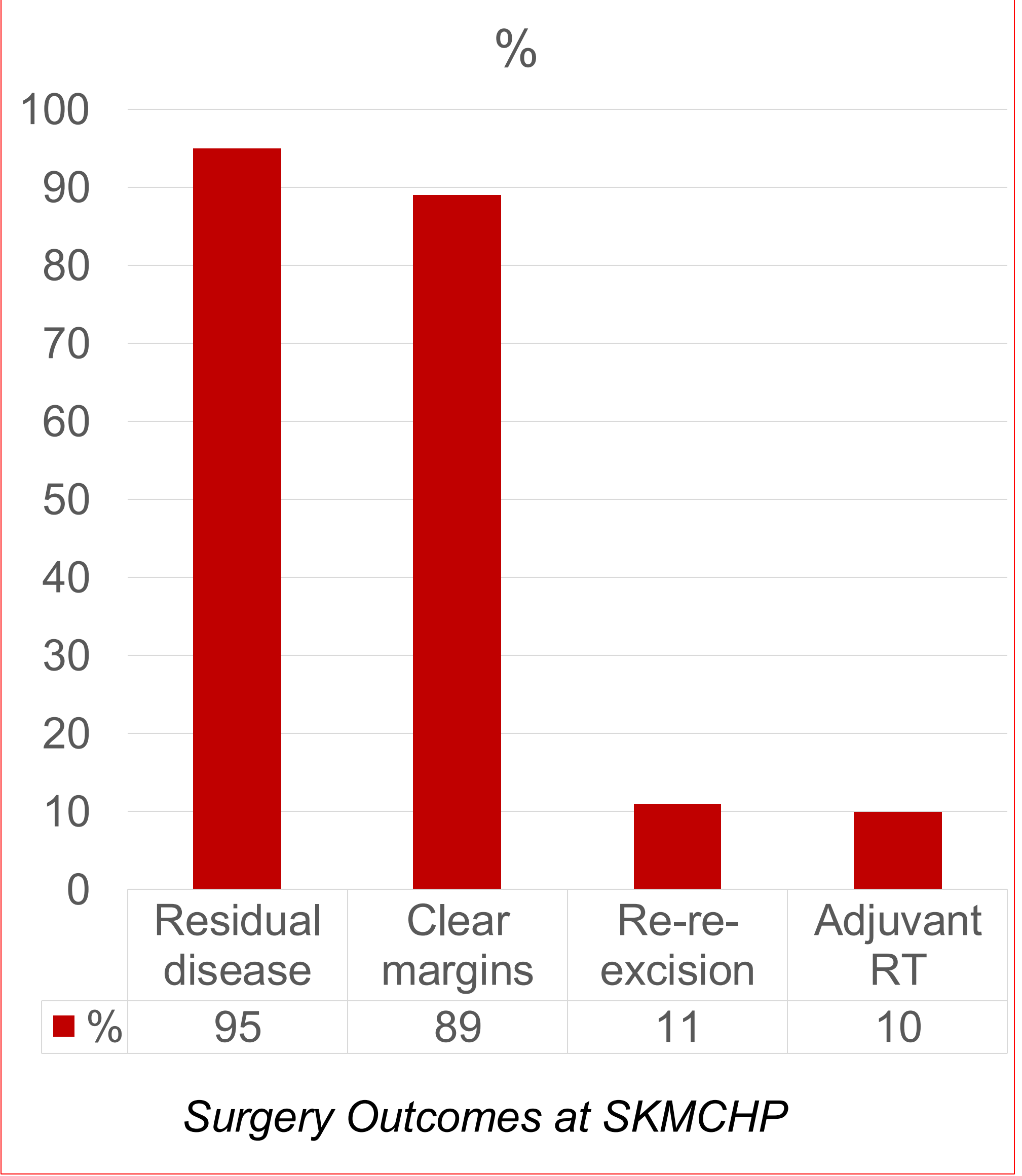
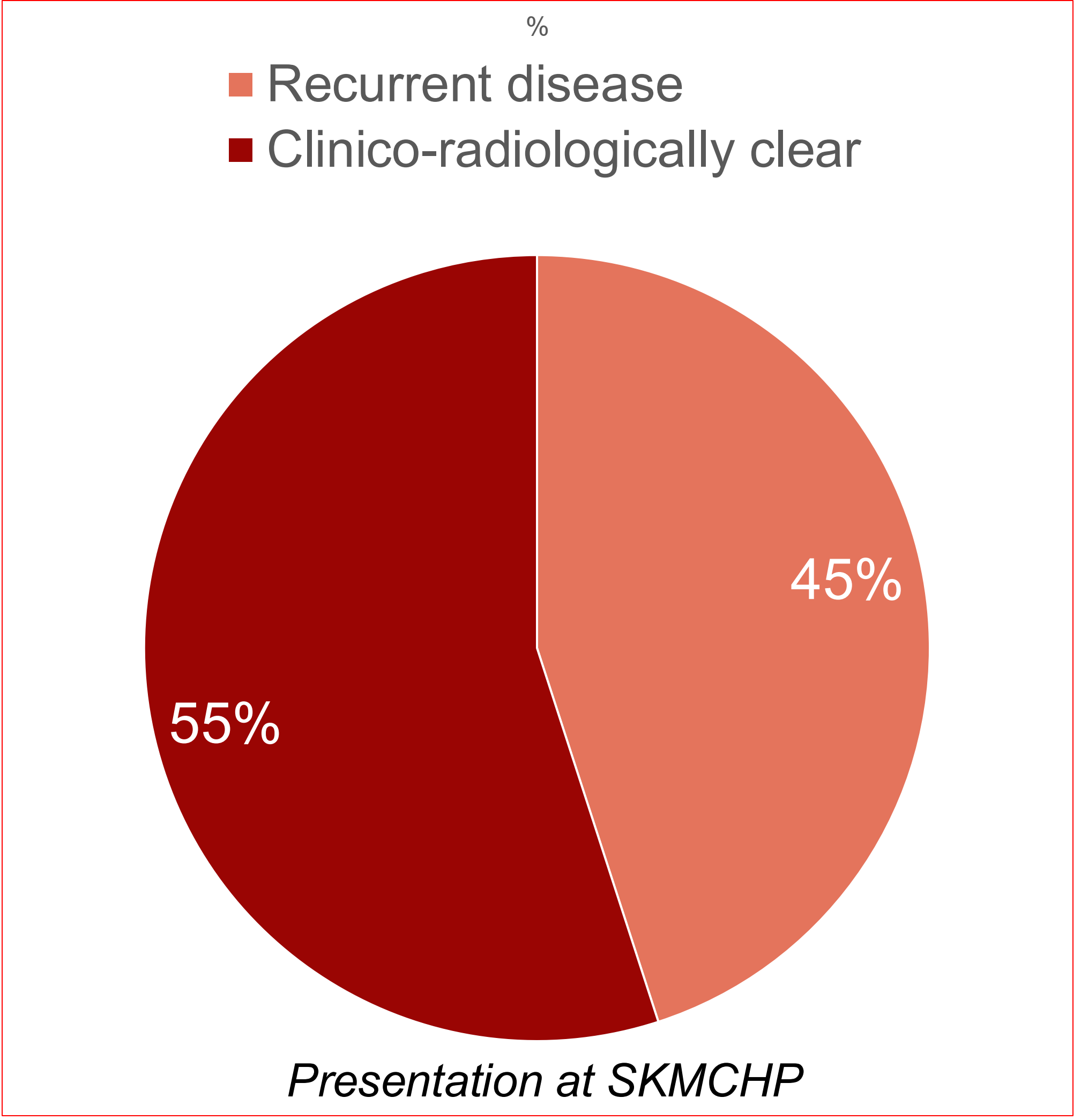
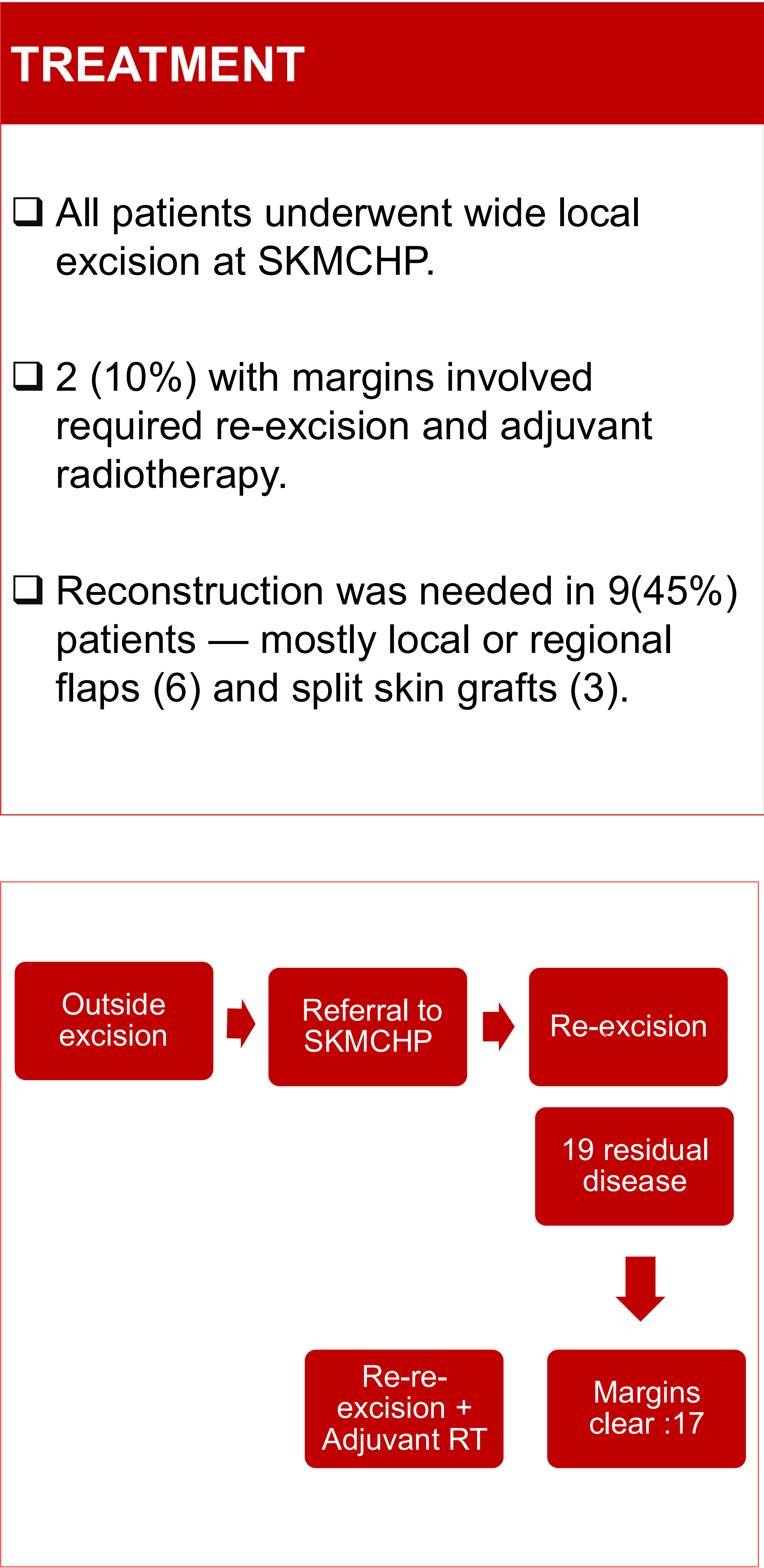
Our objectives include:

- To assess the frequency of residual disease after outside excisions.
- To evaluate outcomes of standardized re-excision at SKMCHP

METHODS

- A retrospective cohort of 20 patients with histologically confirmed DFSP who underwent surgery at SKMCH, Peshawar (2023–2025); 11 (55%) males, 9 (45%) females; median age 38 years (range 19–62).
- All had prior excision outside SKMCHP with positive/uncertain margins or recurrent disease.
- Data included demographic, clinical, operative, and histopathological parameters.
- Primary outcomes were residual tumor on re-excision and final margin status; secondary outcomes included reconstruction type, fibrosarcomatous change, and recurrence.
- Margin involvement was defined as tumor cells ≤ 2 mm from the surgical margin²

2: (NCCN Clinical Practice Guidelines in Oncology, Soft Tissue Sarcoma, Version 2.2025)



RESULTS

- Among 20 patients, 9 (45%) presented with recurrent disease following prior excisions outside SKMCHP, while 11 (55%) appeared clinico-radiologically clear at presentation.
- Residual tumour was identified in 19 (95%) on re-excision at SKMCHP.
- Final clear margins were achieved in 17 (89%) after the first re-excision, while 2 (11%) required re-re-excision for clearance.
- Fibrosarcomatous change was observed in 5 (25%), needing repeat excision and adjuvant radiotherapy (2 cases; 10%, $p \approx 0.09$).
- The interval between outside surgery and recurrence ranged 2 months–5 years (median 6 months).
- During 3–24 months of follow-up, no local recurrences or distant metastases were observed.

Variable	n (%)
Residual tumour found on re-excision	19 (95)
Final clear margins after first re-excision	17 (89)
Margins involved after re-excision	2 (11)
Follow-up (months)	3–24 (median 6)
Adjuvant radiotherapy	2 (10)
Recurrence/metastasis during follow-up	0 (0)

CONCLUSION

- Residual disease following non-specialist excision of DFSP is common and carries a significant risk of persistence. Standardized excision at a specialized cancer center achieved high rates of margin clearance and favorable early outcomes.
- As microscopic residual disease may exist even in clinically clear scars, early multidisciplinary review and timely excision are essential to ensure optimal management.