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## Letters to the Editor

## Has the surgical indication for desmoid tumors ended?

## ¿Se ha acabado la indicación quirúrgica en los tumores desmoides?

To the Editor:

Desmoid tumors are rare mesenchymal tumors, with an incidence of 5–6 cases per million inhabitants per year. While they may appear in any anatomical region, they are most frequently found in the abdominal wall of young women. Beta-catenin is the typical pathological marker. Most desmoid tumors are sporadic, but others are associated with syndromes like familial adenomatous polyposis, and their management differs due to their peculiarities.<sup>1–4</sup>

Surgery has classically been the basic pillar of treatment, and the aim is to achieve complete resection. However, systematic indication for surgery has been called into question by the high rate of local recurrences, together with the considerable morbidity of the surgical procedure, lack of metastatic capacity of these tumors, and the possibility of complete spontaneous regression (up to half of cases, even without treatment).<sup>5–7</sup> As a result, the therapeutic approach has changed towards a multidisciplinary model that incorporates targeted medical or hormonal therapies, which are much less invasive options.

In this context, the Desmoid Tumor Working Group<sup>8</sup> has created a consensus document that discusses the prospect of adopting an active, personalized surveillance strategy as an initial option, instead of systematic surgical resection. This scenario, together with emerging therapies with promising results, such as cryoablation and gamma-secretase inhibitors,<sup>9–12</sup> makes it essential for the management of these patients to be done in specialized centers, by an experienced multidisciplinary team that includes surgeons, oncologists, radiotherapists, pathologists, etc. Thus, correct indication for surgery takes on maximum relevance and becomes equally important as the surgical technique itself.

In this scenario, the indication for surgery has not ended in desmoid tumors, but the role of the surgeon must change radically. Surgery remains the most important option in many cases, but it is no longer systematic. Far from losing

protagonism, surgeons need to acquire greater biological knowledge about the disease and non-surgical alternatives that include active, personalized monitoring in order to reduce postoperative morbidity.

## REFERENCES

1. Penel N, Coindre JM, Bonvalot S, et al. Management of desmoid tumours: a nationwide survey of labelled reference centre networks in France. *Eur J Cancer*. 2016;58. 90e6.
2. Kasper B, Stroebel P, Hohenberger P. Desmoid tumors - clinical features and treatment options for advanced disease. *The Oncologist*. 2011;16682e93.
3. Kasper B, Baumgarten C, Bonvalot S, et al., On behalf of the desmoid working group. Management of sporadic desmoid-type fibromatosis: a European consensus approach based on patients' and professionals' expertise - a sarcoma patients EuroNet (SPAEN) and European organisation for research and treatment of cancer (EORTC)/Soft tissue and Bone sarcoma group (STBSG) initiative. *Eur J Cancer*. 2015;51127e36.
4. Kasper B, Baumgarten C, Garcia J, et al., On behalf of the desmoid working group. An update on the management of sporadic desmoid-type fibromatosis: a European consensus initiative between sarcoma patients EuroNet (SPAEN) and European organisation for research and treatment of cancer (EORTC)/Soft tissue and Bone sarcoma group (STBSG). *Ann Oncol*. 2017;28. 2399e408.
5. Bonvalot S, Ternes N, Fiore M, et al. Spontaneous regression of primary abdominal wall desmoid tumors: more common than previously thought. *Ann Surg Oncol*. 2013;20:4096–102.
6. Colombo C, Fiore M, Grignani G, Tolomeo F, Merlini A, Palassini E, et al. A prospective observational study of active surveillance in primary desmoid fibromatosis. *Clin Cancer Res*. 2022;28(18):4027–32.
7. Schut AW, Timbergen MJM, van Broekhoven DLM, van Dalen T, van Houdt WJ, Bonenkamp JJ, et al. A Nationwide prospective clinical trial on active surveillance in patients with non-intraabdominal desmoid-type fibromatosis: the GRAFITI trial. *Ann Surg*. 2023;277(4):689–96. Epub 2022 Feb 15.

8. The Desmoid Tumor Working Group. The management of desmoid tumours: A joint global consensus-based guideline approach for adult and paediatric patients. *European Journal of Cancer*, 2020-03-01, Volumen 127, Páginas 96-107.
9. Kasper B. New treatments for desmoid tumors. *Curr Opin Oncol.* 2023;35(4):292–5. Epub 2023 May 3.
10. Gounder M, Ratan R, Alcindor T, Schöffski P, van der Graaf WT, et al. Nirogacestat, a gamma-Secretase Inhibitor for Desmoid Tumors. *N Engl J Med.* 2023;388(10):898–912.
11. Papalexis N, Savarese LG, Peta G, Errani C, Tuzzato G, Spinnato P, et al. The new ice age of musculoskeletal intervention: role of percutaneous cryoablation in bone and soft tissue tumors. *Curr Oncol.* 2023;30(7):6744–70.
12. Auloge P, Garnon J, Robinson JM, Thenint MA, Koch G, Caudrelier J, et al. Percutaneous cryoablation for advanced and refractory extra-abdominal desmoid tumors. *Int J Clin Oncol.* 2021;26(6):1147–58.

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## Response to: laparoscopic hybrid mini-ALPPS using transmesenteric intra-operative portal embolization for locally advanced intrahepatic cholangiocarcinoma



## Respuesta a “mini-ALPPS híbrido laparoscópico usando embolización portal intraoperatoria transmesentérica en el tratamiento del colangiocarcinoma intrahepático localmente avanzado”

To the Editor:

After viewing the video published in your magazine, “Laparoscopic hybrid mini-ALPPS using transmesenteric intraoperative portal embolization for locally advanced intrahepatic cholangiocarcinoma”, we would like to share some of our thoughts.

First of all, we would like to congratulate the authors for satisfactorily performing such a demanding surgery, thanks to which the patient is disease-free 18 months later. Intrahepatic cholangiocarcinoma is an aggressive tumor, and the mainstay of its treatment is surgical resection with free margins. In the case of large tumors, resection may be influenced by the future liver remnant.<sup>1,2</sup> Among the alternatives to overcome this difficulty is ALPPS surgery, which allows for rapid hypertrophy with a two-stage surgery.<sup>3–5</sup> Although it has been related to high morbidity and mortality, careful patient selection and the appearance of variants like the mini-ALPPS have managed to improve postoperative results.<sup>6</sup> However, given the case presented by the authors, we believe that other alternatives could be considered.

On the one hand, hepatic venous deprivation is a technique that adds embolization of the right and middle suprahepatic veins to classic portal embolization. Among its advantages over standard portal embolization is that it achieves a greater future liver remnant in less time, with similar safety.<sup>7</sup> Therefore, it is especially indicated in tumors that affect the right liver and segment IV. Although this hypertrophy requires more time than the ALPPS intervention, it allows for tumor resection in a single intervention. Furthermore, it does not involve ligation of the inferior mesenteric vein, which is performed in the video presented.

Another alternative to consider is surgery after radioembolization.<sup>8</sup> With this technique, it is possible to perform local treatment of the tumor by depositing radioactive microspheres in the tributary arteries of the tumor and, in addition, achieve contralateral hypertrophy by injecting part of the radiation into a lobar artery.<sup>9–11</sup> Although achieving hypertrophy requires more time, it has the advantage of offering treatment of the tumor from the start, which may even involve a reduction in its size that facilitates future surgery. Furthermore, this circumstance enables us to select