

# Desmoids – short introduction

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**sos desmoid**

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# Desmoid and trauma

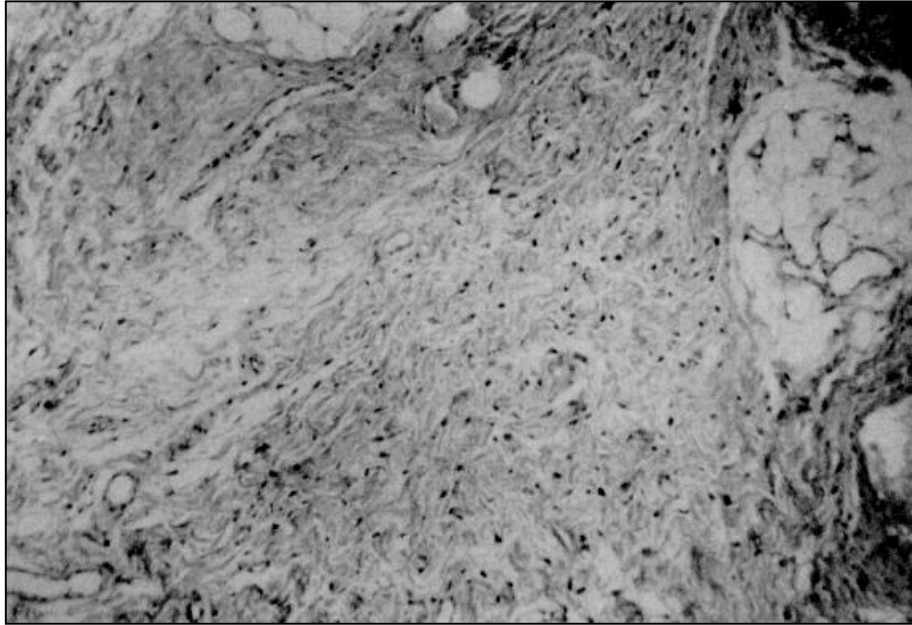
## Trauma and Neoplasm

REPORT OF CASE OF DESMOID TUMOR FOLLOWING SIMPLE FRACTURE OF  
THE RADIUS AND ULNA

MARSHALL R. URIST, M.D., *Los Angeles, California*

**Am J Surg. 1957; 93(4): 682-8.**

# Desmoid and trauma



## Soft Tissue Tumors Following Traumatic Injury: Two Observations of Interest for [the Medicolegal Causality.](#)

Delpla, P; Rouge, D; Durroux, R;  
Rouquette, I; Arbus, L

American Journal of Forensic  
Medicine & Pathology.  
19(2):152-156, June 1998.

FIG. 1. Aggressive fibromatosis. Numerous fusiform cells have invaded the adipose tissue. There is loose cellular density, very few nuclear abnormalities, and no mitosis.

(Original magnification x 10.)

MUSCULO-APONEUROTIC FIBROMATOSIS  
OF THE SHOULDER GIRDLE  
(EXTRA-ABDOMINAL DESMOID)

*Analysis of Thirty Cases Followed up for Ten or More Years*

F. M. ENZINGER, MD, AND M. SHIRAKI, MD

*Trauma:* A history of trauma was indicated in the clinical history of 19 patients (63%). Twice the tumor occurred in the scar tissue of a previously performed operation. In one of these two patients, (case 9) the tumor occurred 2 years after a thoracoplasty was performed as treatment of tuberculosis; in the other (case 27) the tumor appeared 4 years following thoracotomy for chronic bronchiectasis. A history of other forms of trauma directed to the exact site at which the tumor developed was given for nine patients. Typical examples of this type of trauma were injuries to the involved shoulder by a fall from a tree (case 5), a kick of a gun (case 15), a fall from a ladder (case 17) and a thrust by a rifle butt (case 18).

“One hypothesis is **that an inciting event results in the activation** of a mutated MSC- $\beta$ CTNBB1/APC, which initiates tumor stroma by recapitulating **the wound healing process** through.....”

# Methods

PubMed:165 publications, many of them case reports and summaries

- **Analyze the incidence of antecedent trauma**
- **Thoughts about the most often happening trauma**
- **Look for a blood parameter for desmoid**

# Methods

## Overall group of patients, n=370

female:male ratio	2:1
average disease onset	34.5 years
alive with disease	56.7%

1 – directly, exploring the history during consultations (first or subsequent visit, 3 experienced physicians)

2 – retrospectively, using a questionnaire, n= 47  
quality of life assessment (SF-36) during and after therapy (data presented at ASCO 2013)



# Results

353 pts. were interviewed - received information from 303

Questionnaire group: 13/47 reported a trauma (27.6%)

Interview group 151/256 (58.9%)

(only accepted if exact history, location and mechanism fitting to desmoid formation – plausibility)

Overall 164/303 (54.1%).

Median lag time between trauma and desmoid tumor detection (leading to 1<sup>st</sup> consultation) is 1.5 years (18 months)

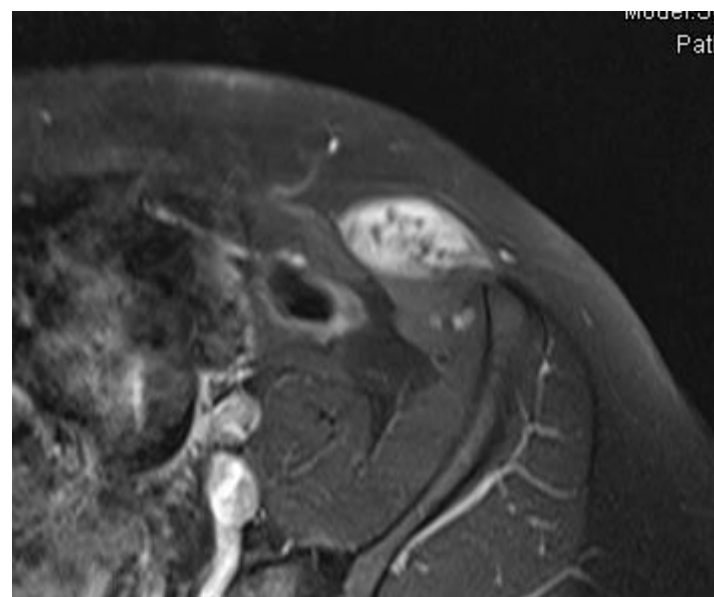
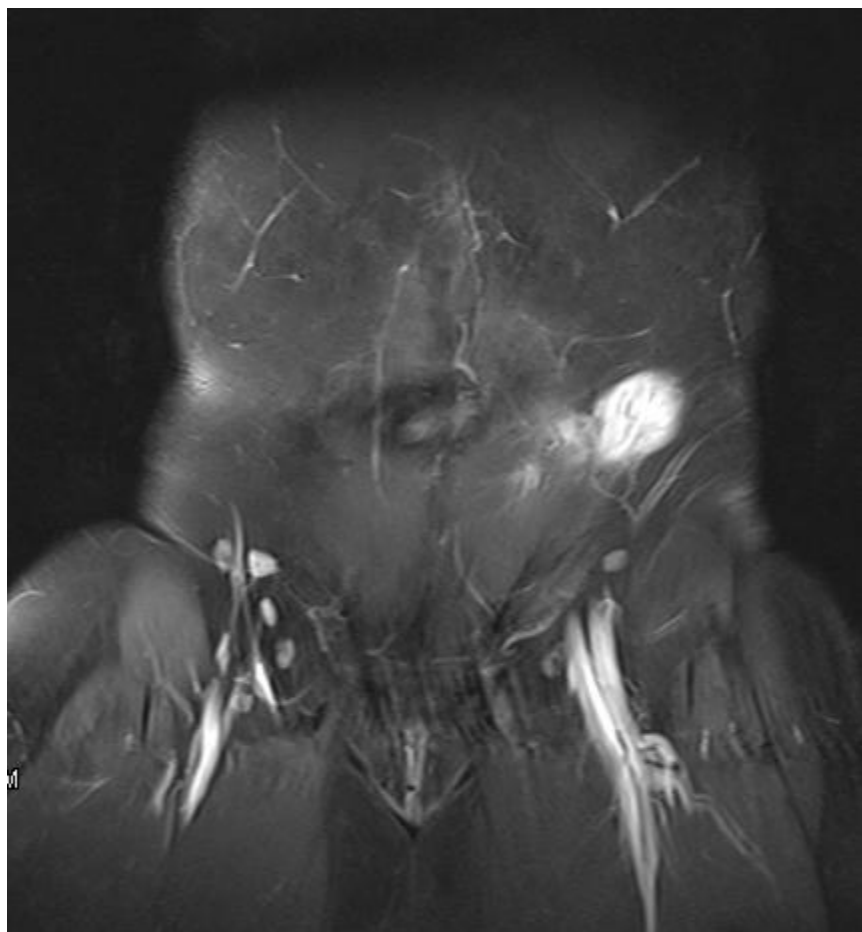
# Type of trauma

obvious blunt trauma (car, bike,...)	n=31 (18.9%)
Iatrogenic (diagnostic intervention, injection, laparoscopic trocar,...)	n=79 (48.1%)
After melanoma excision	n= 4
in-vitro fertilisation	n=10
Acupuncture	n= 2
Iv Port, sports trauma, scar post surgery, breast implant hip replacement, cesarean section, site of fractures	

**The fascia is the trigger  
except of**

**an association with microtrauma could be detected in n=54 females (32.9%)**

# 36yr, f, after LASC-IVF-pregnancy



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# Materials & Methods - 2016

PubMed: 165 publications, many of them case reports + summaries

- Analyze the incidence of antecedent trauma
- Thoughts about the most often happening trauma
- Look for a blood parameter for desmoid tumors

# Conclusion

- The trauma history in almost 60% should result in using surgery with caution
- Tissue injury > activation of wnt
- Aberrant tissue remodelling (synchronous keloids)
- Aberrant wnt signalling may be detected in blood
- Further data required, ongoing prospective study