Management of Soft tissue masses - Do you have a plan?

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Introduction

- Scanning of soft tissue masses (STM) is common and accounts for a large proportion of referrals from both primary and secondary care.
- USS is an excellent screening tool for the investigation of superficial soft tissue masses
- Most will be benign at a rate of about 150:1 however management and evaluation can be challenging due to the considerable overlap of in the presentation of benign v's malignant tumours.
- Effective pathways should be developed for the diagnosis and management of STM and these should be based on best practice guidelines to facilitate rapid treatment once a potential STS is identified.

Things to consider

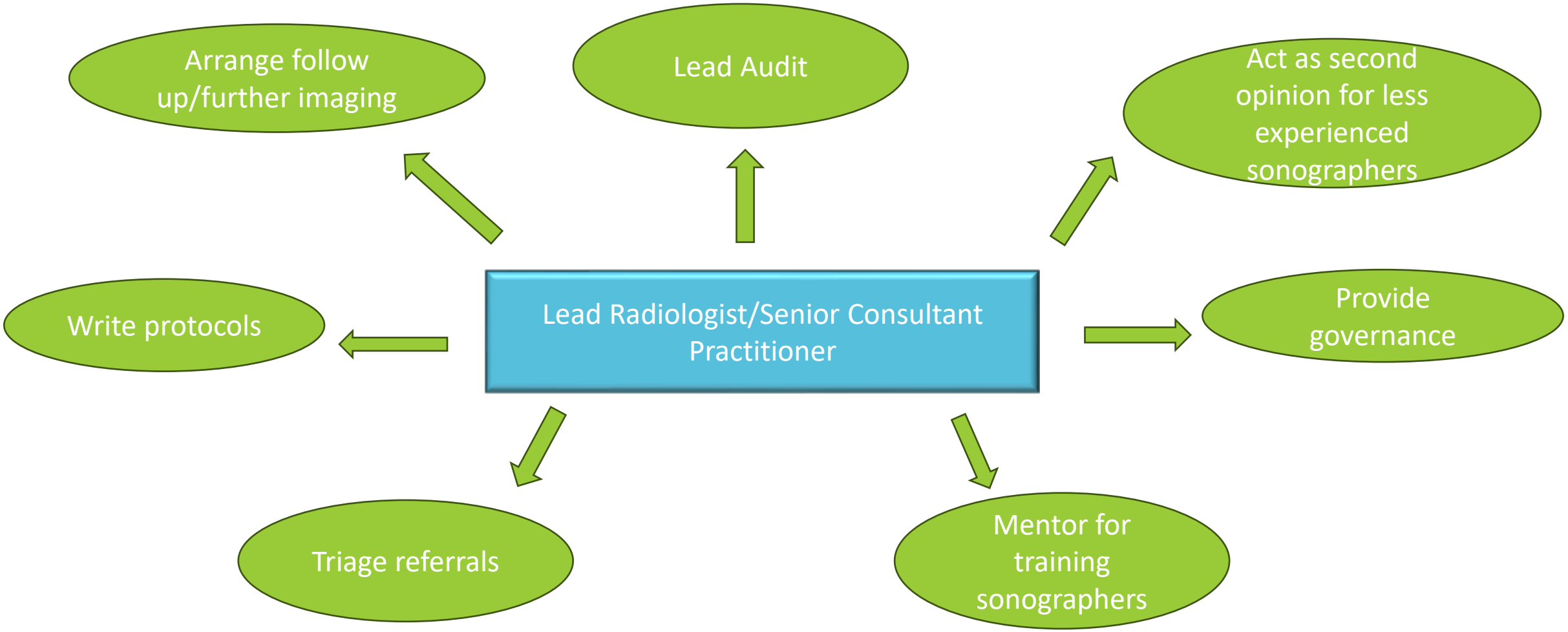
1: The structure of the service itself

- The provision of a service that is adequately set up and supported with the right staff in place.

2: The referral and management pathways

- Robust SOP’s and guidelines/referral pathways/ further imaging

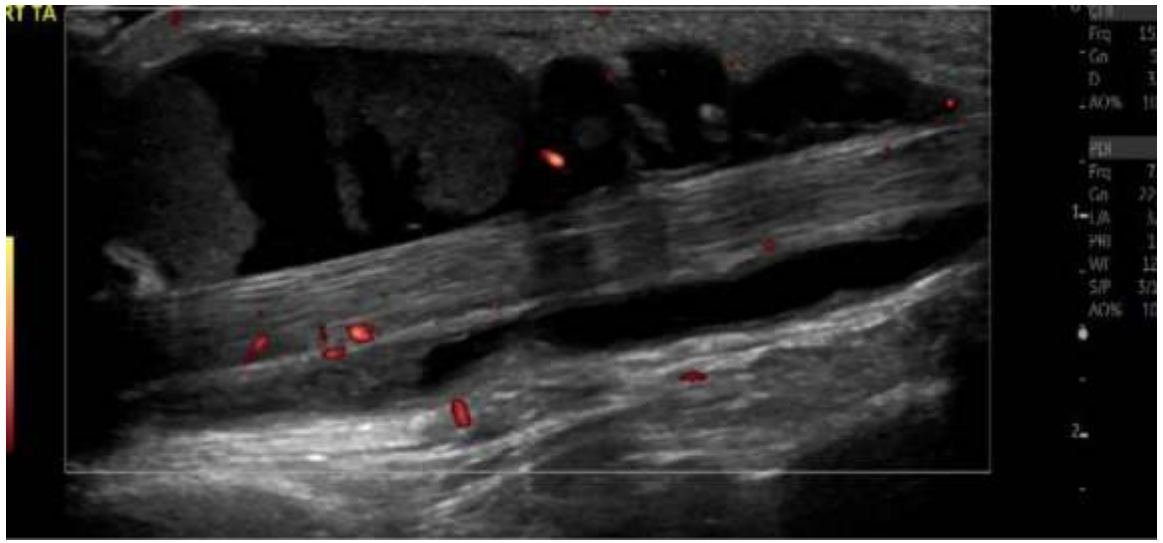
Service Structure



Service Structure – who should be scanning STM?

MSK trained sonographers

- Have experience in scanning all aspects of MSK pathology.
- Regularly scanning STM
- Many lesions will have (benign) characteristics that have specific diagnosis and clear management pathways.



Vetting Process

- Where will you accept referral from?

A stringent vetting process can in many instances negate the need to restrict services- but can streamline referrals to ensure most are appropriate.

- Has the patient been physically examined – some patients are still referred with only a phone consultation.,
- Is the lesion fixed or mobile
- Deep or superficial
- Duration of symptoms (rapid growth)
- Skin changes/punctum
- Pain
- Reducible
- History of injury
- Change in size
- History of anticoagulation
- Any other red flags.

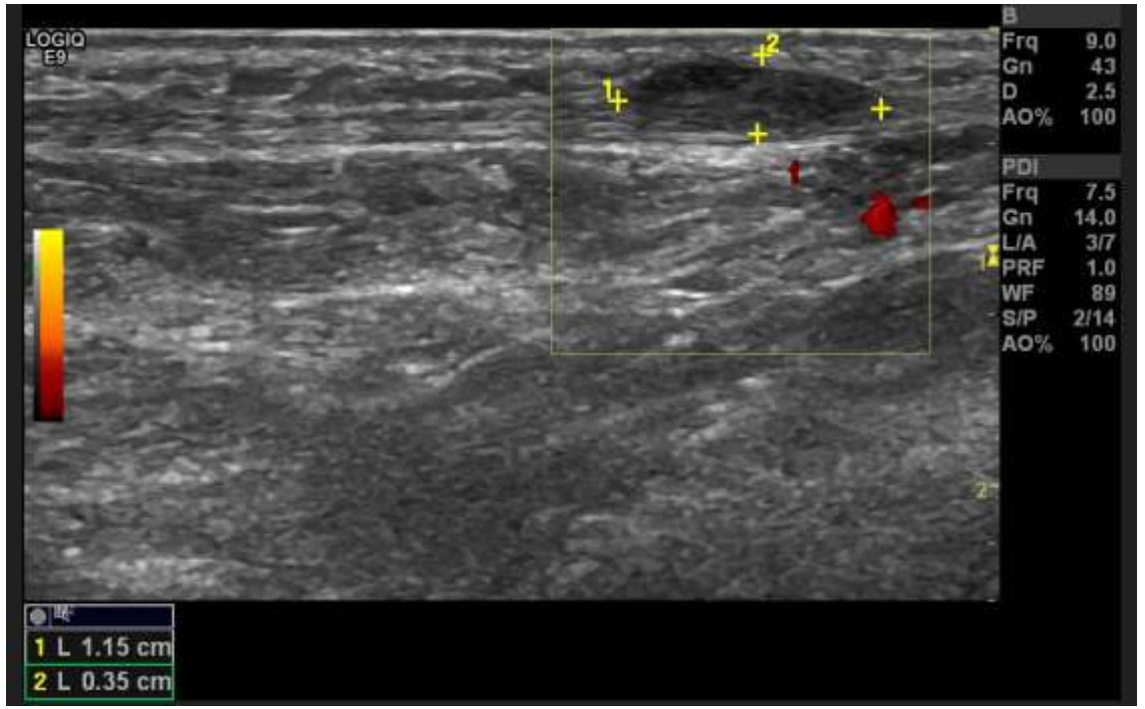
Community

- In a community setting this kind of service can be difficult to achieve.
- Often sonographers report isolation
- No access to second opinion
- No authority to suggest further appropriate imaging or onward referral pathways
- No feedback on examinations performed – this has implications for CPD and audit and thus clinical governance.

- (a) confident regarding diagnosis
- (b) indeterminate mass with no evidence of malignancy
- (c) indeterminate mass with possibility of malignancy
- (d)Suspicious non sarcomatous lesions (lymph node)

Benign characteristics

- Can be sent back to the referring clinician for further management

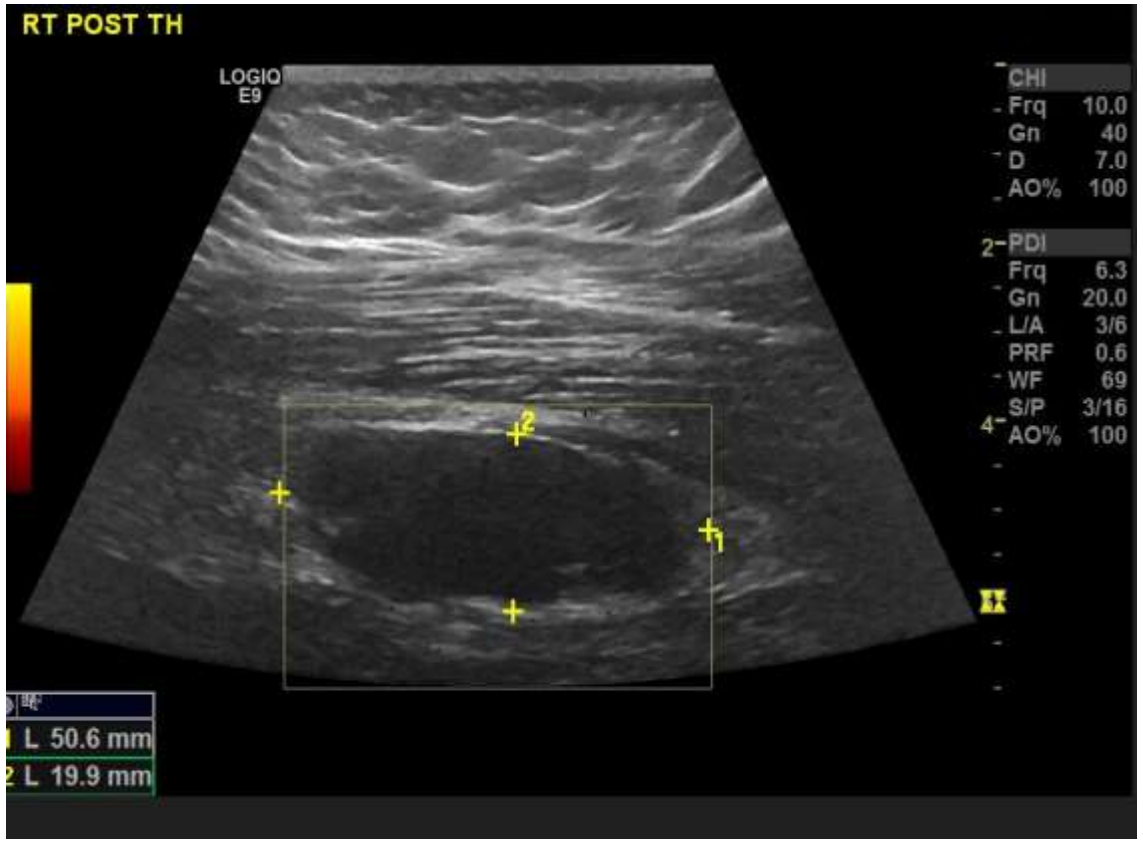


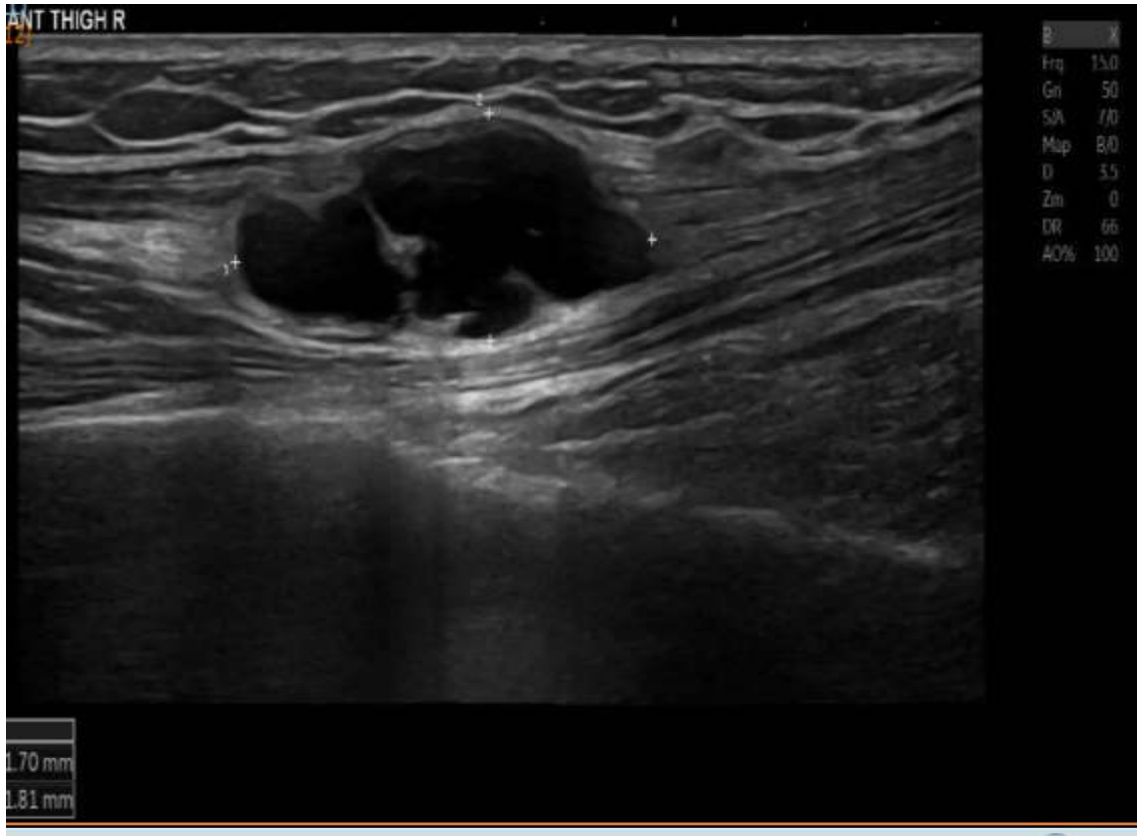
Indeterminate features

If the abnormality is not specific for a benign diagnosis or has atypical or suspicious clinical or US features, particularly if solid and hypoechoic, possible recommendations include

- Interval follow-up US;
- Additional imaging, such as MRI with intravenous contrast material
- Biopsy, or surgical consultation

Indeterminate Features





Summary

- Consider who will scan STM – are they adequately trained and supported?
- Can you interpret the findings and offer onward/further management suggestions?
- Are there SOP's and guidelines, based on NICE guidelines and best practice?
- Do you know your referral pathways?
- Do you have feed back and audit cycles to maintain best practice?