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- What are Spindle cell skin Tumours?



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Fat Grafting: what is it and why do we use it?

Fat grafting is the transfer of fat cells from one area of the body to another for correction of a deformity. The popularity of fat grafting has increased significantly in recent years due to the benefits it can offer in filling contour defects and helping to rejuvenate and regenerate skin. Fat is removed from an area of excess (abdomen or thigh) via liposuction and then is transferred to the area of defect by fine needles. The fat is then incorporated into the surrounding tissue and once the graft has “taken” the effect is permanent. In addition to filling an area, it is thought that fat stem cells which are transferred along with normal fat cells help with rejuvenation of the skin and scars.

So what are some of the uses for fat grafting?

1. Correction of contour deformity following surgery or trauma
2. Breast reconstruction. Often used in combination with implant reconstructions to improve contour of the breast and also in free flap reconstruction if more volume is required
3. Cosmetic facial volume replacement
4. Regeneration of scars following burns or radiotherapy

Primary breast augmentation with fat grafting although popular in America and some European countries is not approved for use in Australia by medical indemnity companies. Reasons cited include the unknown effect of fat stem cells on breast tissue and radiologist having difficulty differentiating between fat graft and breast cancer changes on mammogram. It is hoped however that once these issues are resolved fat grafting will be approved for augmentation.

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Spindle cell skin tumours: what are they?

Spindle cell skin tumours are a group of tumours that are characterised by spindle cells in histopathology. They make up an important group of tumours as they can be benign through to highly malignant in nature.

The differential for a tumour of the skin containing spindle cells include:

Benign

Dermatofibroma, Fibromatosis (i.e. duyputren’s disease), Histiocytoma

Intermediate

Atypical fibroxanthoma
Desmoid tumours

Malignant

SCC (poorly differentiated)
Melanoma (spindle cell differentiation)
Malignant fibrous histosarcoma
Leiomyosarcoma

There are many other differentials to include, however the important thing to realise is that spindle cell tumours can represent highly malignant tumours that if missed can be fatal within in 3 months.

So how do you work out what the spindle cell tumours represents? The history of the lesion in particular how quickly it has developed and location is important. However, the pathologist is the most important person in diagnosis. There are many Immunohistological stains that can be performed to identify the most likely diagnosis. However, even with these stains, the diagnosis can be difficult. It is important that if the histopathological report does not fit with the presentation that you ask the pathologist to obtain a second opinion.

HAND INJURY REFERRALS

Streamline the consultation process and avoid unnecessary delays in the Emergency Department, by referring your hand trauma patients directly to WPRS with completed imaging.

Referrals can be faxed on 03 5562 5360