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GIANT RETROPERITONEAL LIPOSARCOMA - A RARE CASE REPORT

General Surgery

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ABSTRACT

Retroperitoneal liposarcoma is a rare malignant tumor . Its of mesenchymal origin . Incidence is 2 cases per 1,00,000 individuals. It does not present with any specific complaints, hence early diagnosis is difficult . Age of presentation is fourth to sixth decade of life and has same incidence among male and female .Its treatment is surgical resection and its most important prognostic factor is the unaffected margins of the tumour. The most important prognostic factor is surgery with unaffected margins .

Here we report a case of 42 year old male patient presented to us with history of increased abdominal perimeter and difficulty in passing urine. After performing a abdomenopelvic CT and he was diagnosed to have retroperitoneal liposarcoma. In view of clinical suspicion patient was planned for DJ stenting and excision of the mass. Histopatholgy revealed a huge well differentiated liposarcoma .

KEYWORDS

Retroperitoneal, Liposarcoma, Surgery, Well Differentiated

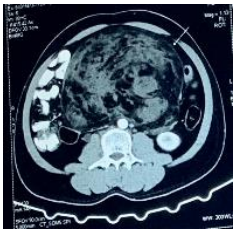
INTRODUCTION

Retroperitoneal sarcoma are rare and is of mesenchymal tumour. 10-15%of all soft tissue sarcomas . Among retroperitoneal malignancies liposarcoma is the most common followed by leiomyosarcoma . Most retroperitoneal liposarcoma originate from the perirenal fatty tissues .Radiation is a known risk factor development of sarcoma.

CASE REPORT :

A 42 year old male was admitted in our centre in view of increased abdominal perimeter and difficulty in passing urine for past 4 months without any other associated symptoms .There was no history of any abdominal pain or weight loss.The physical examination showed an asymmetry of the abdominal wall with a mass effect in the lower abdomen involving both left and right side of abdomen . The blood investigations no significant changes .

Figure 1 :Figure 1 MASS shown by the arrow



An abdominopelvic contrast CT scan showed a large encapsulated mass lesion (Figure 1) with mixed soft tissue and fat measuring about 13.8x22.3x 19cm seen in the mesentery of the central and lower abdomen without invasion into surrounding tissues . Mass was seen compressing the bilateral ureters causing proximal hyrouretronephrosis .

Figure 2: intraoperative view

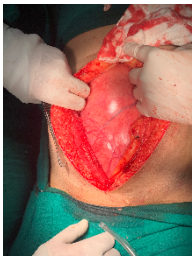
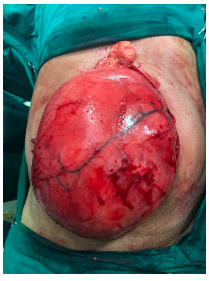


Figure : 3: dissecting tumour



The patient underwent surgery under general anaesthesia .Prior to laprotomy bilateral ureterosopy with DJ stenting was done to relieve hydrouretronephrosis . A midline laprotomy incision was made revealing a large mass discplacing the intestinal loops (figure 2 and figure3) . After careful dissection a plane was created around the tumour . The adjacent structures such as ureters , inferior vena cava, abdominal aorta , loops of intestine was secured from the tumour.

Figure: 4 post excision

Figure 5 : gross

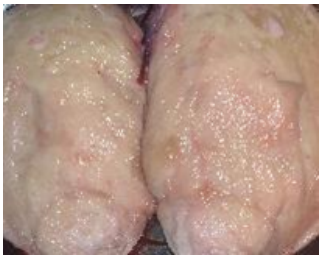
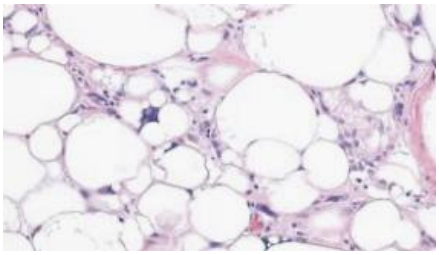


Figure 6 :microscopic view



Grossly the tumour was measuring. 48 x 34 x 17 cm (figure 4 and 5) .The tumour weighed about 3.475 kg .The histopathology. Of the tumour showed well defferentiated (Fig 6) retroperitoneal liposarcoma -sclerosing type Grade I .Surgical margins were free of tumour . Patient postoperatively improved well and was discharged on postoperative day 10

DISCUSSION

The first description of a retroperitoneal lipomatoustumor excision was made in 1761 by Giovanni Battista Morgagni during the autopsy of a 60-year-old woman.[3]

RLPS are uncommon malignant tumors, representing between 0.07 and 0.2% of all neoplasms.[4] They have an incidence of approximately 2.5 inhabitants per 100,000, with an average age of presentation between 40 and 60 years, with a distribution in both sexes equally.[1,6]

Most of them are diagnosed incidentally, when performing an imaging test for another reason, since most are asymptomatic. They can produce during their growth nonspecific abdominal pain, early satiety, neurological or obstructive symptoms (urinary or digestive) by compression.[2,4,7]

For its diagnosis, the test of choice is computed tomography (CT) with intravenous contrast, since it allows in most cases an adequate staging and preoperative evaluation.

The World Health Organization (WHO) has classified the liposarcomas into two groups according to the degree of differentiation in low grade (where the well-differentiated liposarcoma and the myxoid are found) and high degree (dedifferentiated, pleomorphic liposarcoma and of mixed cells).[5]

The well-differentiated and the dedifferentiated liposarcoma are the most frequent types. Well- differentiated liposarcoma have a slower growth rate and have a less aggressive behavior with a lower rate of distant metastasis with respect to dedifferentiated liposarcomas.

Its management is fundamentally surgical. The use of neoadjuvant or adjuvant chemotherapy and / or radiotherapy is controversial given the low sensitivity of these tumors.[8] Lines of treatment with doxorubucin present a rate of 18-29% of responses.[1]

However, the use of adjuvant radiotherapy is used for tumors larger than 5 cm with positive surgical margins to reduce recurrence without increasing survival.[1]

The most important prognostic factor in these tumorsis complete resection with free margins. Complete resection (R0) increases survival from 16.7% to 58% .[4,6] Extensive resection of these tumors does not decrease the recurrence rate, increasing only morbidity and mortality.[8]

Lewis describes a perioperative mortality of 4% (secondary to hemorrhage, sepsis, coronary event or multi-organ failure).[9] However, morbidity increases when more than three organs are resected.[8]

CONCLUSION:

Liposarcomas a rare tumor that due to its retroperitoneal location does not present specific symptoms, being diagnosed when they present a large size and produce compressive symptoms. Its management is surgical fundamentally, being the use of the chemotherapy and /or radiotherapy controversial due to the low sensitive of these types of tumors.

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