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A CASE REPORT ON GIANT LIPOSARCOMA OF OMENTUM – SURGICAL EXCISION WITH OMENTECTOMY.

General Surgery

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ABSTRACT

Liposarcomas are a subtype of soft tissue sarcomas that often appear in the fifth and sixth decades and can occur in a range of anatomical places. However, liposarcomas of omental origin are uncommon, with only a few examples reported worldwide. The following is a case report of a 32-year-old woman who presented with abdominal pain and early satiety, as well as an abdominal mass. She underwent investigations, which revealed a 20x15-cm intraabdominal mass, and was scheduled for surgical exploration, which revealed a 20x8x18-cm mass arising from the omentum with no capsulation or feeding vessel. The lump, together with the greater omentum, was excised and sent for histological investigation, which revealed it to be a liposarcoma of the omentum. In conclusion, our case report demonstrates that liposarcoma of the omentum has vague clinical symptomatology and that omentectomy may be recommended to prevent metastasis, but further research studies are needed before it can be adopted as the therapy of choice.

KEYWORDS

liposarcoma; omental liposarcoma; soft tissue sarcomas; intraabdominal sarcomas

INTRODUCTION

Soft tissue sarcoma (STS) is a group of neoplasms that can grow from almost any anatomic site and affect both the young and the elderly [1]. Liposarcoma is the most common histological subtype, accounting for roughly 10% of all soft tissue sarcomas [2]. Its peak incidence comes in the fifth to sixth decades of life. Omental sarcoma is an uncommon intra-abdominal liposarcoma [3]. A case of primary omental liposarcoma is described here.

Case Presentation

A 32-year-old female presented to the surgical OPD with complaints of pain abdomen and early satiety for the past 3 months. The pain was in the upper quadrant of the abdomen for 3 months insidious in onset with no relation to food, dull aching type no aggravating factors relieved on taking over the counter analgesics, the patient also complained of early satiety since past 3 months, whereby she would feel full at almost half of the amount of food she used to take. but had no loss of appetite. Physical examination revealed a large abdominal mass approx. 15x8 cms over epigastric region, firm, with an irregular surface. The patient was advised of subsequent investigations. An ultrasound of the abdomen was obtained and a large 200*80 mm complex solid and cystic mass was seen in the upper quadrant of the abdomen and CECT abdomen was advised to obtain better imaging which revealed a large well defined irregularly shaped fat-containing with soft tissue component mass measuring 20*8*18 cm intraabdominal? The omental origin with enhancing soft tissue component with mass effect on stomach and pancreas without evidence of infiltration into adjacent structures. The patient was planned for surgical intervention and after informed consent, she underwent exploratory laparotomy, on exploration we found out that the mass was seen to be arising from the omentum with lack of capsulation or any identifiable feeder vessel all other viscera were grossly normal. Wide local excision of the tumour was done and omentectomy was done as concern for metastatic deposits. The histopathology revealed a Liposarcomatous mass - multiple representative sections showing the presence of tumour composed of round to oval cells arranged in diffused sheets having abundant eosinophilic cytoplasm and oval vesicular nuclei with a large number of tumour giant cells and morphology of poorly differentiated sarcoma of high grade, and omentum was negative for metastasis, further IHC revealed the organ of origin as omentum. She was followed up at 3months and 6 months post-op and there was no evidence of recurrence and no complaints.

DISCUSSION

Liposarcomas are usually located in the gluteal region, thighs, popliteal fossa, shins, and retroperitoneum [4]. Intra-abdominal liposarcoma is uncommon [2]. In addition to the greater omentum, liposarcomas have been reported in the inguinal canal [3], small bowel [5], small bowel mesentery [6], colon, and mesorectum [7].

Three histologic varieties have been described; well-differentiated, dedifferentiated, pleomorphic and myxoid/round cell liposarcoma. well-differentiated and dedifferentiated liposarcomas more typically arise from the retroperitoneum versus the extremities whereas the inverse is true for pleomorphic and myxoid/round cell neoplasm, the prognosis of liposarcoma in the trunk, including the intra-abdominal region, retroperitoneum, and thoracic cavity, is worse than that of liposarcoma in the extremities. In one study, the median 5-year disease-free survival rates for liposarcomas in the trunk vs. extremities were 41.9% vs. 66.7% (P<0.001), and the 5-year overall survival rates were 64.5% vs. 84.5% (P<0.001), respectively [8]

CONCLUSION

We conclude that primary liposarcomas of the omentum are a rare entity, their presentation is often vague both for the patient and the clinician, and using adequate imaging to help for preoperative diagnosis and wide local excision of the tumour along with omentectomy may offer potential cure to the patient and decrease recurrence.

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Consent: Informed consent was obtained from the patient for publication of this case report.

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