Research Paper Medical Science

Huge Retroperitoneal Liposarcoma-Case Report

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ABSTRACT

Liposarcoma, the most common type of retroperitoneal tumor, usually presents late with average weight of 15-20 kg, mostly in men(1). Surgery is considered to be gold standard even in giant retroperitoneal liposarcomas.We report a case of 65 year old woman with a giant retroperitoneal liposarcoma and show that large tumor size is not necessarily a contraindication to surgical resection.

KEYWORDS Liposarcoma, Retroperitoneal Space.

INTRODUCTION.

Retroperitoneal soft-tissue sarcomas are locally invasive tumors that remain occult for long periods and grow quite large due to abdominal cavity's remarkable ability to accommodate these slowly expanding masses with a paucity of attendent symptoms(1). The most frequent subtypes are liposarcoma (41%), leiomyosarcoma (28%), malignant fibrous histiocytoma (7%), fibrosarcoma (6%) and tumors of the peripheral nerve sheath(3%)(2). Liposarcomas are neoplasms of mesodermic origin derived from adipose tissue and correspond to 10-14% of all soft tissue sarcomas. They represent <1% of all malignant tumors(3,4). Retroperitoneal liposarcomas alone comprise 0.02-0.2% of all neoplasms (5) . Approximately 85% of these are malignant (3). Because of usual late presentation, average diameter of the tumor is 20-25 cm with a weight of 15-20 kg (5). Their most typical manifestations are discomfort or non-specific abdominal pain and a palpable abdominal mass. These tumors occur most frequently in men, usually in the fifth or sixth decade of life (6). Surgery is considered to be gold standard for treatment of liposarcoma. It requires aggressive approach including multiple resections or multi organ radical resection. Many a times, surgical resection is difficult, current chemotherapeutic agents are also not effective. Toxicity to other abdominal viscera is limiting factor for radiotherapy (2). There is low incidence of distal metastasis (7%) as compared to other histological subtypes that range from 15-34% (7). The objective of this study is to report a case of giant retroperitoneal liposarcoma and its management.

Case Report:

A 65 year old woman presented with a history of progressively increasing abdominal distension for last 1 year, respiratory discomfort with inability to lie supine for last 6 months. On examination, a hard mass that occupied the entire left lower quadrant of the abdomen was palpated. There was edema in both lower limbs and cachexia involving face and upper part of body . Abdominal tomography revealed well defined hetrogenous density mass with solid and fatty component, occupying the abdomen and pelvis, displacing the small gut posteriolaterally towards right side. Features suggestive of neovascularisation were present . At laparotomy, we noted a 20 X 22 X 18 cm mass of varied consistency weight being 10 kgs , descending and sigmoid colon were adherent to it and displaced anteriolaterally. Left ureter was pushed across the midline towards right side. Whole of small gut was pushed towards right side. Descending and proximal sigmoid colon was also removed and colostomy was done.Post operative chemotherapy or radiotherapy has been done . Colostomy care was taught to the patient.The patient is being followed up and she had no recurrence during this time with a good health state .

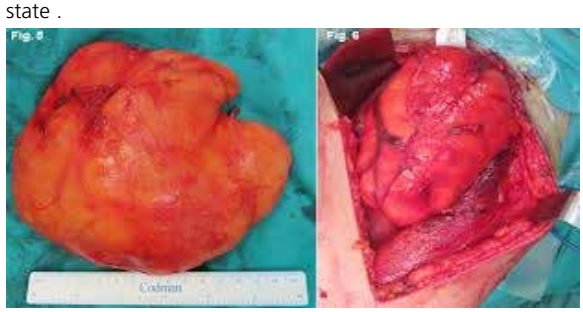


Fig 1: Showing gross specimen of huge retro-peritoneal tumor.

HISTOPATHOLOGY:

The pathological report was well-differentiated liposarcoma.

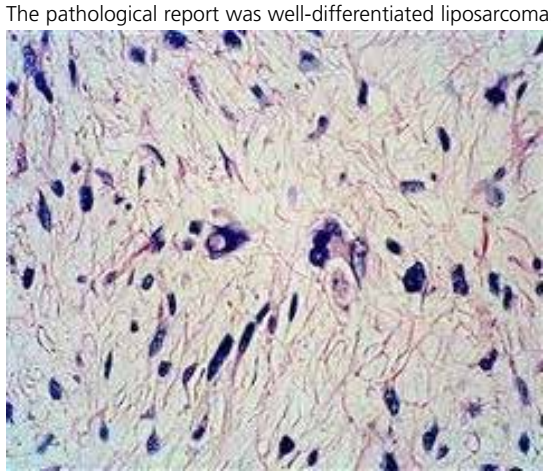


Fig.2: HPE picture showing features of Liposarcoma.

Discussion

Liposarcomas are one of the most common soft tissue sarcomas and frequently occur in the extremities and the retro-

peritoneum of adults(1). They are well known for their large size. In the published literature, an 18 kg, 28.6 and 42 kg liposarcoma have been reported(2). The present case was 10 kg. Liposarcomas are histologically defined as being tumors composed of lipoblasts. They are currently classified into five groups: myxoid liposarcomas, well differentiated liposarcomas, round cell (poorly differentiated myxoid liposarcomas), pleomorphic liposarcomas and dedifferentiated liposarcomas(3,4). Among the liposarcomas, myxoid liposarcomas are the most common type, found in approximately 50% of cases, followed by well-differentiated liposarcomas that account for approximately 25% of cases. The clinical characteristics are closely related to histological type. Although recurrence is common in deep-seated liposarcomas of all types, well- differentiated liposarcomas and myxoid liposarcomas have a good prognosis and their rates of metastasis are low compared to the other types of liposarcomas(6,7).

The case we experienced had a huge size and most of tumor was occupied by well-dedifferentiated liposarcoma. Although there is little precise information as to the effectiveness of various therapies, radical excision is the treatment of choice for liposarcomas(8,9). Postoperative radiation is a valuable adjuvant to surgical therapy, especially for the myxoid type(10). The efficacy of the chemotherapy is still controversial. The actuarial 5- and 10-year survivals for patients who underwent gross total resection were 51% and 36%, respectively(9,10). Thirty-three patients (43%) developed locoregional recurrence, and 20 patients (26%) developed distant metastases at a median time of 12 months(5,6).In our case, because of its huge size no pre operation radiotherapy or chemotherapy were effective, but post op adjuvant therapy was given..

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