Case Report Giant Retroperitoneal Liposarcoma

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ABSTRACT
Liposarcomas are one of the most common soft tissue sarcomas encountered in adulthood. Liposarcomas are mainly seen in extremities, retro peritoneum and inguinal lesion. We report a case of giant retroperitoneal lip sarcoma in 74 year male old patient which was successfully resected with a postoperative favorable outcome.

KEYWORDS-Giant, Liposarcoma, Retroperitoneal

INTRODUCTION
Liposarcoma is most common soft tissue sarcoma. Liposarcoma are mainly seen in extremities, retro peritoneum, and inguinal lesion. Liposarcomas are relatively rare with approximately 8600 new cases, liposarcomas are malignant tumor located in retroperitoneum are sarcomas and 15% of soft tissue sarcomas arises in the retroperitoneum.

CASE REPORT
74 year male presented with a slowly growing lump 12/5/13 cm and weight 15 kg, over hypogastrum and umbilical region since 9 years. There was history of pain, vomiting since 10 days 4 episodes per day. There was no fever, hematemesis, malena, no regional lymphadenopathy. Lab investigations were as follows: hemoglobin: 11.4 gm%; total leucocyte count: 4,600/cu mm of blood; polymorphs: 60%, lymphocytes: 30%; ESR: 18 mm/hour; random blood sugar: 88 mg/dl; liver and renal profile: WNL. Chest X-Ray PA view was WNL and USG-guided fine needle aspiration cytology revealed it to be a lipoma. Ultrasonography of abdomen was suggestive of “a large echogenic lesion having anechoic areas within it suggestive of necrosis, occupying the entire abdominal cavity, causing displacement of the adjacent bowel loops.” All other vital organs appeared normal and there was no evidence of ascites. Contrast Enhanced Computed Tomography of abdomen revealed “a large heterogeneous lesion having multiple linear septation Clinical diagnosis was made as liposarcoma. The lump was excised in GA with midline incision with mesentry and 25 cm of ileum, distal cut was 60 cm from IC junction. Ileolbal anastomosis was done. Histochemical staining showed NSE negative. Pathological diagnosis was a dedifferentiated liposarcoma. Surgical specimen contains cystic tumor showed clear yellow fluid.
DISCUSSION
Liposarcoma are relatively rare with approximately 8600 new cases (1,2). Liposarcoma is the most frequent histological type of retroperitoneal sarcoma corresponding to 41% of these tumors (2). Liposarcoma are well known for large size (3). The present case we also 15kg making it one of the largest liposarcoma case reported thus far. Liposarcoma is subdivided into four well recognized subgroups based on morphology and cytogenic abnormalities—well differentiated, dedifferentiated, myxoid/round cell, pleomorphic (1,4). Well differentiated and myxoid liposarcoma have good prognosis (1,4). Dedifferentiated liposarcoma are characterized by malignant change from well differentiated liposarcoma (5). Singer et al analyzed 177 cases of retroperitoneal liposarcoma, demonstrated that Dedifferentiated pathologies have a very different behavior (5). The case we reported had a huge size was occupied by high grade dedifferentiated liposarcoma. In our case patient was discharged on 5th day of postoperative day and is on regular follow up since 2 years with no recurrence of tumor till date. Radical excision is the treatment of choice for liposarcoma. Postoperative radiation is valuable adjuvant to surgery (6). Still role is controversial (6).

CONCLUSION
Liposarcoma can occurs in extremities, retroperitoneum and inguinal lesion, though liposarcoma can be benign it should not be neglected. It can transform in to malignant. A Successful outcome requires a multidisciplinary approach, post operative targeted radiation is a valuable adjuvant to surgical therapy especially for the myxoid type. The efficacy of the chemotherapy is still controversial.

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