

Surgical and radiational outcome in a giant retroperitoneal liposarcoma

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Abstract- Liposarcoma is a malignant soft tissue tumor from fat tissue. Commonly it is found in the abdominal cavity or extremities, but they can be found anywhere in the body. They are typically large tumors and not usually spread beyond its local limits. The cause is unknown but has been linked to genetics and some inherited diseases. The tumor may be present for a long time before being diagnosed. Treatment usually involves surgery and potentially radiation. We report a case of giant retroperitoneal sarcoma in a 44 yr old female. Patient was treated effectively with surgery and radiation. Patient followed up to 16 months postoperatively with no local recurrence.

Index Terms- Liposarcoma, Retroperitoneal sarcoma.

I. INTRODUCTION

Liposarcomas represent one of the common type of sarcoma, mostly occupying limbs and retroperitoneum. Liposarcomas are neoplasms of mesoderm arising from fat tissue and comprise 10-14% of all soft tissue sarcomas. They represent <1% of all malignant tumors[1]. They usually have a late presentation as patients present with non specific pain in abdomen, mass per abdomen and also shows signs of [weight loss](#) and [emaciation](#). These tumors may also compress the kidney or ureter. Surgery represents most important form of treatment for these tumors. Radiation therapy has been an important adjunct in treatment, although there are limits in view of surrounding delicate structures with chemotherapy having not much of comparable results [2]. We present a case of giant retroperitoneal sarcoma treated effectively with surgery and radiation with no local recurrence followed up to 16 months postoperatively.

II. CASE REPORT

A 44 yr female presented with pain abdomen, loss of appetite and constipation of 4 months duration. Clinical examination revealed a diffuse mass occupying the left side of abdomen, firm in consistency and tender on palpation. CT scan of abdomen depicted a large well defined non enhancing fat containing lesion with septations, solid components 27.5x20x13.5 cms in size involving lumbar, umbilical, iliac, pelvic regions on left side in retroperitoneal region. FNAC of lesion was positive for malignant cells. Patient underwent exploratory laparotomy with total excision of tumor weighing approximately 5 kgs, intraoperatively it was a very vascular tumor.



Fig.1-Preoperative CT scan of abdomen showing retroperitoneal tumor

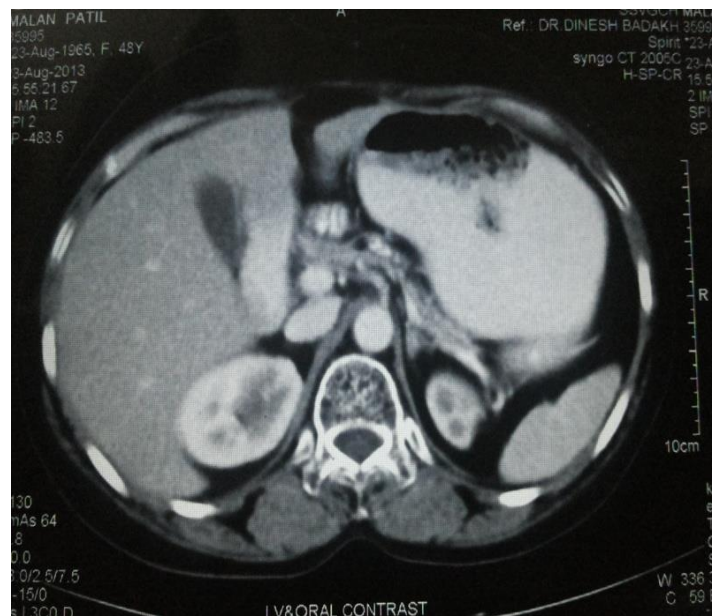


Fig.2- Postoperative CT scan 15 months after surgery and completed radiotherapy

Postoperatively patient recovered well and histopathological examination of lesion revealed features of sclerosing variety of liposarcoma.

Patient received 26 cycles of external beam radiotherapy to the operated area with no major complications, she is being followed up for 16 months with no evidence of local recurrence.

III. DISCUSSION

Most of liposarcomas are malignant in beginning, very rarely they can arise from benign lipomas. Their development varies greatly from case to case. Sometimes they remain indolent for months or years and sometimes grow rapidly and are locally aggressive tumors[3]. They can develop in extremities or retroperitoneum in 12-40% of cases[4]-[5] Diagnosis is late because of retroperitoneal location, prognosis depends on the type of histological variant of liposarcoma the tumor size, the depth, and proximity to lymph nodes, 5 categories of liposarcomas: include well differentiated, which includes the adipocytic, sclerosing, and inflammatory subtypes, dedifferentiated, myxoid, round cell and pleomorphic variety. The well differentiated varieties have less local recurrences and poorly differentiated ones having poor prognosis including local recurrences and distant metastasis[6]. Recently radiotherapy along with local resection has been showing good results [7]. Well-differentiated liposarcomas treated with surgery and with radiation have a low recurrence rate of about 10%[8].

In our case of liposarcoma, complete total excision along with radiation gave good local control with no recurrence and metastasis in follow up period of 16 months.

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