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RESEARCH ARTICLE

GIANT RETROPERITONEAL LIPOSARCOMA: CASES REPORT.

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Abstract

Retro-peritoneal liposarcoma is a rare tumor which preoperative diagnosis and stagging are essential for planning its management.
Methods and results: Case 1: A 58-year-old woman complaining of abdominal distension. Computed tomography revealed voluminous right abdominal mass. Bloc removal of the tumor was achieved. The histological diagnosis was well-differenciated liposarcoma.
Case 2: A 63-year-old man complaining of abdominal distension. Ultrasonography and Computed tomography revealed a huge tumor that involved all the right retroperitoneal space. At surgery, a right hemicolectomy and a right nephrectomy were performed for complete resection of the tumor. The final histopathological report showed well-differentiated liposarcoma of the retro peritoneum.
Conclusion: Total surgical resection provides the patient best chance for cure. It may extend to the adjacent organ for an R0 resection.

Introduction:-

Among the retroperitoneal sarcomas, the most common histotype is represented by liposarcoma, which ranges from 20% to 45% of all cases [1]. The liposarcoma may have weight and dimension variable; those over 20 kg are called “giant liposarcomas” and are extremely rare [2].We report in this article 2 cases of giant retroperitoneal liposarcoma.

Case Report N.1

A 58 years old woman presented progressive volumetric increase of the abdomen (fig 1). The computed tomography (CT) of the abdomen demonstrated the presence of a voluminous mass that occupy all the right part of abdominal cavity, dislocating organs to the left (300*114*240mm) (fig 2). Therefore the patient was submitted to an explorative laparotomy which revealed the presence of a bulky lesion with multinodular appearance, originating from the right retroperitoneal region. The lesion had produced a remarkable dislocation of intra- and retro-peritoneal organs to the left side with infiltration of the right kidney. We proceeded to release the neoplasm from the adhesions by retroperitoneal contiguous organs including the vena cava and common iliac vessels, with its subsequent removal en bloc with the right kidney (fig 3). The histological diagnosis was Well-differentiated liposarcoma. The postoperative course was uneventful and the patient was discharged on the 5 th postoperative day.

Case Report N.2

A 63 years old man presented 9 months ago progressive volumetric increase of the abdomen (figure 4). The computed tomography (CT) of the abdomen demonstrated the presence of a voluminous mass (520*240*130 mm)

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that occupy all the right part of abdominal cavity, dislocating organs to the left, contracting close contact with right iliac vessel. The patient was submited to an explorative laparotomy which revealed the presence of a voluminous lesion with a multinodular appearance, originating from the right retroperitoneal region. The lesion had produced a remarkable dislocation of intra- and retro-peritoneal organs to the left side with infiltration of the right kidney. We proceeded to remove that mass en bloc with right hemicolectomy, right kidney, and its right intrascrotal extension (figure 5). The histological diagnosis was Well-differentiated liposarcoma. The postoperative course was regular and the patient was discharged on the 7th day.

Discussion:-

The retroperitoneal liposarcomas are generally neoplasms with a low or intermediate grade of malignancy. Histologically, liposarcomas are devided into 4 types: (1) undifferentiated, (2) pleomorphic, (3) well differentiated, (4) myxoid/round cell. The undifferentiated and pleomorphic type are neoplasm with high grade of malignancy accompanied by remarkable biological aggressiveness and metastatic potential while well-differentiated and myxoid/round cell forms are tumours with a low grade of malignancy, associated with a more favourable prognosis [3]. Liposarcomas remain for a long time asymptomatic. Symptoms occur when adjacent organs or structures are compressed. On CT imaging lesion usually appears as a homogeneous with the same density of adipose tissue, well encapsulated, with the presence of thick septa. These caracteristics are missing in the undifferentiated sarcomas (heterogeneous, no lipogenic mass [4,5]. Actually, the complete surgical (R0) resection represents the only possibility of radical treatment [6]. The resection of neighbour organs is usually required to facilitate dissection, but can be essential to get a radical macroscopic removal, that significantly influence the prognosis [7]. In fact, 50 - 100% of liposarcomas recur from residual tissue, which is the primary cause of death [8]. Actually the chemotherapy treatment used in the adjuvant or neoadjuvant setting have no benefit in the clinical course of the disease [9]. Some retrospective studies have underlined the benefits of the adjuvant radiotherapy, with better control of local recurrence but without increases in long-term survival [10]. The prognostic factors statistically associated with survival were found to be the histotype and the type of resection performed (complete vs. partial). Actually the overall survival at 5-years reported in literature for the various histological subtypes well differentiated, myxoid/round cell, undifferentiated and pleomorphic, ranging from 90%, 60 to 90%, 75% and 30 to 50%, respectively [11].

Conclusion:-

Giant retroperitoneal sarcoma are rare. A complete surgical resection with removal of the contiguous intra and retroperitoneal organs when infiltrated represents the only therapeutic option to obtain a negative margin and therefore an oncological radicality. More studies are needed to prove the efficiency of chemotherapy and adjuvant radiotherapy for local control and the increase of long-term survival.

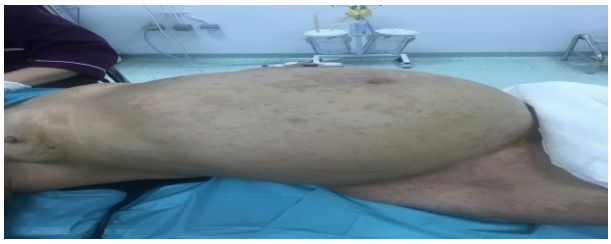

Figure 1:-clinical view shows enormous abdominal mass (case 1)

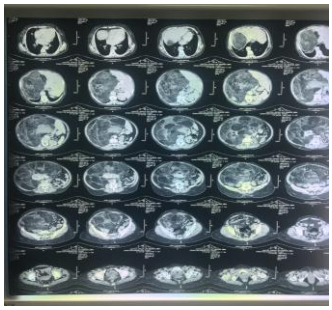

Figure 2.:-voluminous mass that occupy all the right part of abdominal cavity, dislocating organs to the left (300*114*240mm)

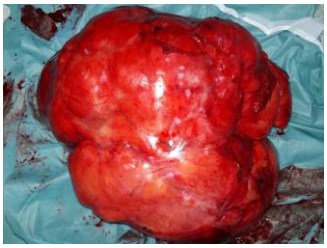

Figure 3:-Surgical specimen of retro-peritoneal liposarcoma containing right kidney(15kg)

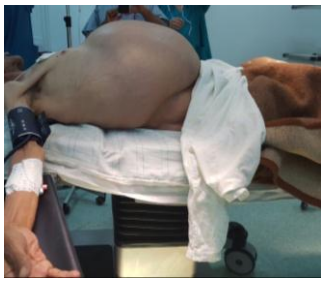

Figure 4:-clinical view of enormous abdominal mass (case 2)

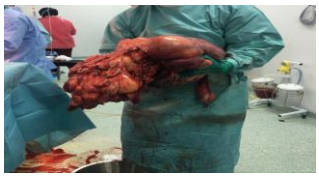

Figure 5:-Surgical specimen of retro-peritoneal liposarcoma containing right

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