www.jmscr.igmpublication.org
Impact Factor 5.244
Index Copernicus Value: 5.88
ISSN (e)-2347-176x ISSN (p) 2455-0450
crossref DOI: http://dx.doi.org/10.18535/jmscr/v4i5.22

IGM Publication
Journal Of Medical Science And Clinical Research
An Official Publication Of IGM Publication

# Case Report Giant Retroperitoneal Liposarcoma

Authors
**Shahaji G. Chavan, Sagar R. Ambre, Vinayak Kshirsagar, Nishith Reddy, Amrithraj Thiyagrajan, Shubhi Bhatnagar, Mayank Chakarborty Aparajita Nathroy (Anesthesia)**

**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 [(1)]. Liposarcomas are relatively rare with approximately 8600 new cases [(1, 2)]. liposarcomas are malignant tumor located in retroperitoneum are sarcomas and 15% of soft tissue sarcomas arises in the retroperitoneum.[(2)].

## CASE REPORT

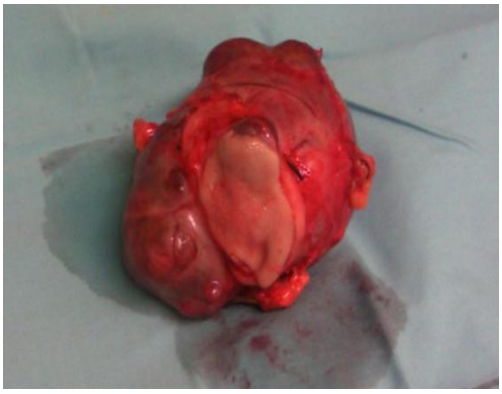
74 year male presented with a slowly growing lump 12/5/13cm and weight 15kg.,over hypogastrium and umbilical region since 9 years. There was history of pain, vomiting since 10 days 4 episodes per day. There was no fever, hematemesis, malena, no regional lymphadenopathy. Lab investigations were as follows: 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 mesentery and 25 cm of ileum, distal cut was 60cm from IC junction. Ileoileal anastomosis was done. Histochemical staining showed NSE negative. Pathological diagnosis was a dedifferentiated liposarcoma. Surgical specimen contains cystic tumor showed clear yellow fluid.

## DISCUSSION

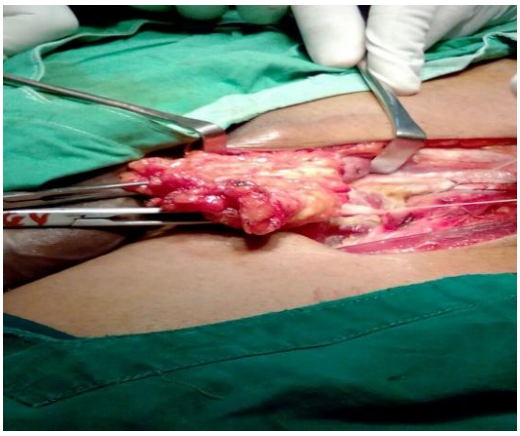
Liposarcoma are relatively rare with approximately 8600 new cases [1,2]. liposarcoma is the most frequent histological type of retroperitoneal sarcoma corresponding to 41% of these tumors [2].liposarcoma are well known for large size(3).The present case we also 15kg making it one of the largest liposarcoma 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 multisciplinary 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.



Resected Lump From Abdomen



Ileoileal anastomosis was done.

## REFERENCES


1. Enzinger FM,Weisssw, Soft tissue tumors CV. Moshy, St. Louis 1945;436
2. Windham TC, Pisters DW, Retroperitoneal sarcomas, cancer control 2005;12(1);36-43
3. Waldeyer W. Grosses Lipomyxom des mesenteriumsmit sekundaern. Sarcomato ssen herden in der leberund lunge, Virchows arch 1865;32;543
4. INOVE K,Higni Y, Yoshida H case report giant retroperitoneal liposarcoma department of urology international journal of urology 2005,12,220-222
5. Singer A, A ntonescu CR, Riedel E, Brennan MF, histologic subtype and margin of resection predict pattern of reccurnce and survival for retroperitoneal liposarcoma, Ann Surg.2003,238:358-70.
6. Nascimato AG, Deddiffrentiated liposarcoma senin digen, Pathol, 2001; 18;263-6.