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ABOUT A CASE OF A GIANT RETROPERITONEAL LIPOSARCOMA

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Abstract

The authors report a case of retroperitoneal liposarcoma. The diagnosis is usually late. Computed tomography helps to confirm the diagnosis. Treatment consists essentially to complete surgical excision. The postoperative follow-up is necessary to detect recurrences.

Keywords: Liposarcoma, retro peritoneal, surgery.

Introduction:

Retroperitoneal liposarcoma is one of the most common mesenchymal sarcomas (1). It represents 50% of retroperitoneal tumors (2). It is charactereized by clinique latency. His diagnosis is based abdominal ultrasound and mainly computed tomography. His prognosis is bad because of its primary or secondary malignant potential (3).

We report herein a case of a rare giant retroperitoneal liposarcoma in an elderly patient.

Case report:

It is about a 71-year-old male patient, with medical history of prostatism. He underwent thyroidectomy in November 2019 and was operated for epigastric hernia. He presented 7 months ago progressive increase in volume of the abdomen with dysuria. He had no transit disorders or asthenia. The physical examination showed a voluminous mass in the right iliac fossa, poorly defined, of hard consistency, painless and giving lumbar contact. The thoraco-abdomino-pelvic computed tomography showed a large right retro-peritoneal lipomatous mass of 22 × 20 cm containing multiple septa and a large calcification. It comes into contact with the aorta and the inferior vena cava and pushes back and compresses the right lumbar ureter (Figure 1). The diagnosis of a retroperitoneal liposarcoma was retained. The patient was operated through laparotomy. Per operative findings revealed a mass of more than 30 cm long axis, sparing the right ureter. A total excision of the mass in monobloc (Figure 2) was done. The post- operative course was uneventful. The macroscopic examination found two masses of 28X25X10 cm and 14.5X8.5X2 cm, finely encapsulated of yellowish appearance with necrotico-hemorrhagic foci. Histological examination found a mesenchymal tumor proliferation made up of areas of mature adipose tissue separated by fibrous partitions which are the site of atypical spindle cells, with hyperchromatic nuclei, sometimes finely nucleolated. Some cells are multinucleated. Mitoses are rare. Presence of edematous changes on a myxoid background with fine

branched capillaries giving the tumor a pseudocystic appearance. We note the presence of areas of tumor necrosis (estimated to be less than 50% of the tumor surface).

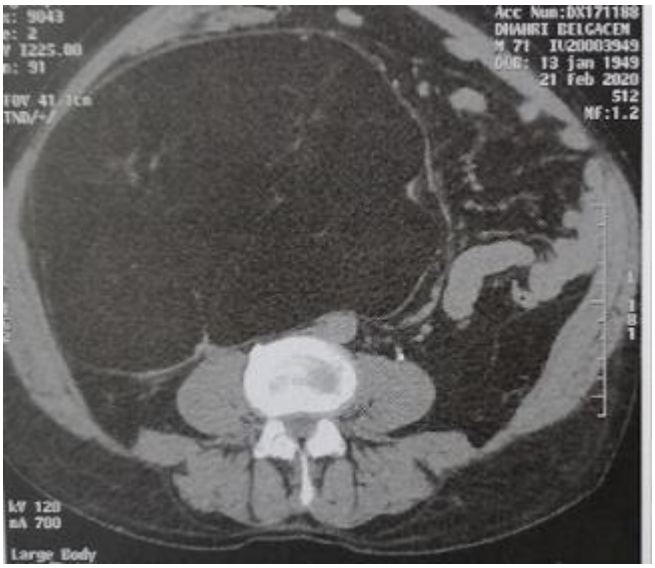

Fig.1: abdominal computed tomography showing a large rretro-peritoneal lipomatous mass of 22 × 20 cm containing multiple septa.

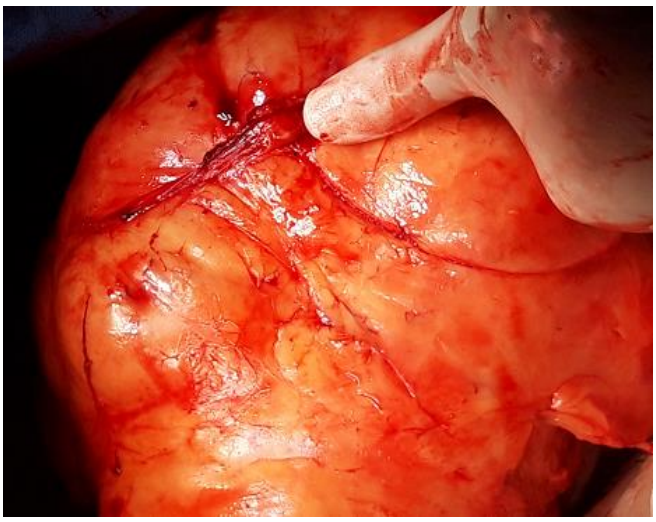

Fig.2: Perioperative photo showing the liposarcoma

Discussion:

Primary retroperitoneal tumors are defined as tumors located in the delimited space at the top by the 12th dorsal vertebra and the 12th rib, in back by the psoas fascia, the squares of the loins and the iliac muscles, forward through the posterior parietal peritoneum, and down by the promontory (3). These tumors are independent of retroperitoneal organs and histology prmitives, arising from structures conjonctives, nervous and vestigial of the retroperitoneum (3). Liposarcomas are rare, but represent one of the most common retroperitoneal tumors (1, 2, 4). We estimated at 0.1% of all cancers (1, 5). They are developed from abnormal lipoblastic elements at different stages of their differenciation. The pathogenesis of liposarcomas is still unclear. Many hypotheses are put forward (8, 9), in particular the role of traumatisme, ionizing radiations, a virus oncogene, certain chemicals and, finally, occurrence of liposarcoma on a lipoma. Clinically, it is insidious, characterized by a latence functional signs (1, 3, 10, 11, 13). Most of the time, it is discovered late after an abdominal

mass palpable, or signs of compression of the organs of neighborhood (1, 2, 3, 10, 12, 13). Imagery remains important to confirm the diagnosis. The abdominale ultrasound generally allows affirming the mass, its independence of the intra-abdominal organs and to appreciate the hyperechoic character (3, 4), while it remains limited to assert its retroperitoneal seat especially when the tumor is large (3). At present, the diagnosis of liposarcoma is based on mainly on the computed tomography of the abdomen which shows heterogeneous mass, associating areas of fatty density to another of muscle density containing thick septa and sometimes nodules of higher density (1, 3, 4, 5). The biopsy under computed tomography guidance sometimes allows the histological diagnosis (3). However, the diagnosis can be difficult and confusing may persist especially with lipoma (9). Arteriography clarifies reports of huge tumors with neighboring vessels (3). The treatment of liposarcoma is indisputable surgical and it must allow a wide resection (1, 2, 4, 5, 9, 10, 12, 13, 14, 15). This attitude is justified by the uncertainties extemporaneous histological examination (14). However, the possibilities of resection are often limited by the extent of the tumor, especially as the diagnosis is gladly late (2). Surgical excision can be impossible in case of invasion of the root of the mesenter or spinal cord (2). Enlarged exereses improves the average survival time (14, 15). Cep e n - However, their morbidity is not negligible, it varies from 20 to 30% with a risk of operative mortality of 4 to 11% (2). The place of rapid therapy in the treatment of liposarcomas is controversial. Some authors (4, 16) propose radiotherapy to reduce the risk of recurrence, while others (14) believe that his efficiency is random. She doesn't seem suspicious to avoid the watch for a recurrence or to retire deadline. In addition, it may make it impossible to salvage surgery for recurrence (14). As for chemotherapy, its place in the therapeutic scheme liposarcomas is still poorly defined due to its disappointing results and the decline in affection (15, 16). Finally, knowing the recurrent character of these tumors (17) patients should benefit from regular follow –up based on a clinical examination, an abdominal scan and early intervention in the event of recurrence (2, 6, 11, 12, 13). The prognosis for these tumors is severe, with a tendency to recidivism and a frequent evolution deadly.

Conclusion:

Liposarcoma is one of the most common retroperitoneal tumors more frequent. It is often discovered at the abdominal mass stage. The abdominal scanner represents the essential examination. Its treatment is surgical with a high risk of recidivism.

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