Letters to the Editor

Co-existing primary intra-abdominal and pelvic myxoid liposarcomas: report of a case

Key words: Myxoid liposarcoma. Intraabdomen. Pelvic.

Dear Editor,

Liposarcoma is the most common soft tissue sarcoma, representing at least 20% of all sarcomas in adults (1). Intra-abdominal and pelvic liposarcomas represent rare localizations compared to others such as the lower extremities and the retroperitoneum. We present an unusual case of co-existing primary intra-abdominal and pelvic myxoid liposarcomas.

Case report

A 70-year-old male presented to the emergency department with a 3-month history of abdominal distension, constipation and frequency in urination. He also complained the incomplete evacuation sensation following defecation. There were no changes in his appetite and body weight. Physical examination showed a distended abdomen with one palpable mass in the abdomen. Digital examination and blood tests showed no remarkable findings. Plain film of the abdomen showed increased bowel gas pattern in the central abdomen. Computed tomography of the abdomen showed two lesions, one about 16 x 10 x 10 cm in the left para-colic and the other about 13 x 11 x 12 cm in the presacral space, which caused bilateral hydroureteronephrosis (Fig. 1). Fine-needle aspiration was taken.

Fig. 1. Computed tomography of the abdomen showed one mass lesion about 16 x 10 x 10 cm in the left para-colic region (A), another mass lesion about 13 x 11 x 12 cm in the presacral space (B), which caused bilateral hydroureteronephrosis (C).
and pathologic results both demonstrated myxoid liposarcoma. The patient underwent exp. lap with debulking of intra-abdominal and pelvis tumors and protective T-loop colostomy. Postoperative course was uneventful. Histologic results showed that the mass consisted of myxoid matrix as the predominant component with small amounts of mature fat, so the diagnosis of myxoid liposarcoma was confirmed (Fig. 2). Thereafter, he received adjuvant radiotherapy with dosage of 60 Gy. The patient was well without evidence of recurrence at 9 months follow-up.

Discussion

Liposarcomas may arise in any region of the body that contains fat (2), but liposarcomas involving both the abdomen and pelvis are uncommon. Within the abdominal cavity, they may reach a considerable size before being diagnosed. Though patients usually are asymptomatic, our case suffered from abdominal distension, constipation and frequency in urination for months. Computed tomography played a major role in assessing tumor size and exact border as well as involvement of adjacent organs. The ability to completely resect liposarcomas remains the most important predictor of local recurrence and overall survival.

Some investigators have recommended that preoperative percutaneous biopsy be used in the work-up and management of soft tissue masses because such procedures can provide sufficient information to guide medical and surgical decisions (3). Some soft tissue masses, for example, prove to be metastases from malignancies elsewhere, and therefore may not require surgical treatment. Percutaneous biopsy is particularly helpful when the tumor is deep-seated in the pelvis and retroperitoneum, and in patients who are poor surgical candidates.

However, prognosis for patients with liposarcoma varies on the basis of the histologic subtype, (4) which are classified into four types: myxoid, well differentiated, round-cell and pleomorphic liposarcomas. Guadagnolo et al. showed an excellent local control rate of 97% at 10 years for patients with myxoid liposarcoma treated with surgery and RT in a retrospective study (5). In another retrospective study of myxoid liposarcoma with the development of a local recurrence, the 5-year survival was 81%, and 67% in patients with development of metastasis (6).

In conclusion, myxoid liposarcoma is a real entity and it must be included the primary mesenteric or pelvic liposarcomas in the differential diagnosis of intra-abdominal tumors. While computed tomography was crucial for defining the extent of the tumor and for preoperative planning, percutaneous biopsy is helpful for diagnosis. In addition, aggressive surgical intervention and chemo-radiotherapy resulted in good survival.

Department of Surgery, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan
*Corresponding author

References