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Letters to the Editor

Well differentiated giant retroperitoneal liposarcoma during the pregnancy

Key words: Giant liposarcoma. Pregnancy.

Dear Editor,

We are reporting the case of a patient with a giant liposarcoma, during the pregnancy and the outcomes of both patients.

Case report

A 35-year-old patient, pregnant, with history of two previous cesarean deliveries was referred to our service due the presence of an abdominal mass at 36 weeks of gestational age. The patient declined any other medical problems and stated that over the course of two years advised the growing of her abdomen but did not seek medical attention.

To the physical examination she was cachectic, with the presence of an evident mass extending from the right subcostal angle and part of the left side to the symphysis pubis, displacing the gravid uterus from the midline to the left side.

An ultrasound of the abdomen and pelvis revealed a fetal survey within normal limits with a biophysical profile of 8/8 and the presence of the abdominal mass displacing the intra-abdominal organs. During the moment of the ultrasound survey the patient started with uterine contractions and was transferred to the labor and delivery room, reason why a magnetic resonance image was not performed. In the labor and delivery area she was found in active phase of labor. Due the history of the two previous cesarean deliveries a cesarean delivery was performed, delivering a 3,200 grams infant with no signs of wasting. The oncology team biopsied the mass with preliminary frozen section report of lipoma *vs*. liposarcoma. Due the patient wasting condition and lack of final histological report the debulking surgery was postponed.

During the final debulking surgery a giant retroperitoneal mass found, measuring 52 x 40 x 35 cm and weighting 12,500 grams, respecting the surrounding organs (kidneys, ureter, inferior vena cava and the abdominal aorta) (Figs. 1 and 2). The final pathology report was for positive for malignancy (a well differentiated liposarcoma) with no signs of metastasis. One year after the surgery, the patient has no signs of recurrence.

Discussion

The liposarcomas are malignant tumors that encompass the 15% of all the soft tissue tumors in the adults; being the retroperitoneal liposarcoma the most common one and usually more than 50% of all of them measuring more than 20 cm when they are detected.

Due the vague and unspecific symptoms, these tumors usually are difficult to identify if its size is not making it an evident diagnosis (2).

Some of the most common associated symptoms are the increase of the abdominal girth, early satiety, lower limbs edema or intestinal occlusion (3,4).

The use of magnetic resonance image and computed tomography are the preferred methods for starting the evaluation of these tumors and to assist to take an opportune surgical decision for the definitive treatment (4).

The World Health Organization has classified these tumors into four different histological groups: mixoid, pleomorphic, lipoblastic or round cells and the well differentiated or lipoma like, being the latest one the most common and the one with the best prognosis due its low trend to metastasize. Unfortunately there are not reports of this specific tumor during the pregnancy and this is probably due most of these tumors are found during the sixth decade of life (5).

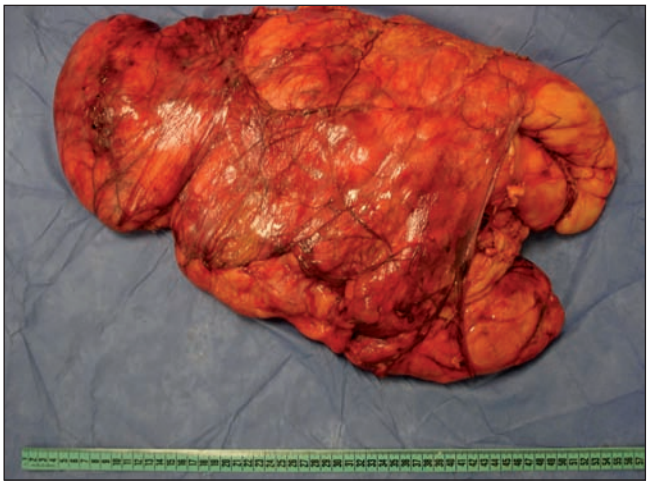

Fig. 1. Excised surgical specimen, measured 52 x 40 x 35 centimeters.

The well differentiated liposarcomas have a high rate of local recurrence, increasing it's aggressively through an undifferentiating process in 17% of the cases (6).

The reports of liposarcomas during the pregnancy indicate that it is safe to postpone the surgical resection of the mass until fetal lung maturation or even waiting until the full term of the pregnancy.

These tumors are radiosensitive and adjuvant radiotherapy can be indicated but there are reports that when the surgical debulking is optimal the adjuvant radiotherapy does not improve the patients' survival (7).

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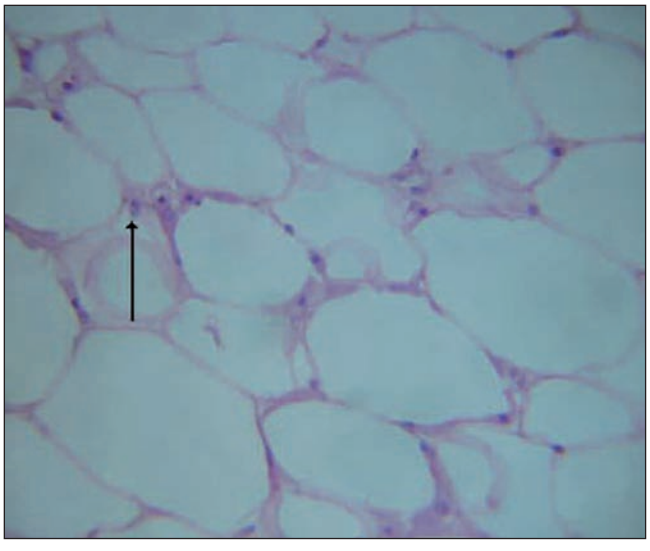

Fig. 2. Presence of lipoblasts and atypical stromal spindle cells. The arrow points one of the atypical nuclei suggesting dysplasia.

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