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Intra-Abdominal Liposarcoma Metastases

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Abstract: Abdominal metastasis is considered an uncommon event in the natural history of soft tissue sarcoma (STS). The World Health Organization (WHO) divides sarcomas into two broad categories: sarcomas of soft tissue and sarcomas of bone [1]. Soft-tissue sarcomas affect all ages and may arise at any location in the body. They account for less than 1% of malignant tumors.Abdominal metastasis is considered an uncommon event in the natural history. Our caseis: a 50-year old man, with surgical history (liposarcoma of lower left lumb and he had suffered a left hip disarticulation in 2018 with no post operative complications). Actually, the patient presented to our department for abdominal fullness without fever, transit disorder, gastrointestinal bleeding or other signs. And it discovered on the CT scan as part of the extension assessment. It showed three cystic lesions. The surgical management consisted of under-hepatic mass resection. The pathological result is in favor of secondary localization of initially diagnosed liposarcoma. The Post-operation consequences are simple and the oncologic management was clinical and morphologic following up.

Keywords: STS, liposarcoma, intra-abdominal metastases.

1. Background

Abdominal metastasis is considered an uncommon event in the natural history of STS (soft tissue sarcoma). Metastases to the abdomen are usually associated with tumors of epithelial origin and occur with carcinoma of the lung, breast, thyroid, and melanoma. The prognosis is poor.

2. Case Report

A50-year old man, with surgical history (liposarcoma of lower left lumb and he had suffered a left hip disarticulation in 2018 with no post operative complications).The anatomopathology study is in favor with a myxoidliposarcoma of the posterior aspect of the thigh (anti Ps100 +: anti Ki67 5%). Actually, the patient presented to our department, two years after the first surgery, for abdominal fullness without fever, neither transit disorder, nor gastrointestinal bleeding or other signs. And it discovered on the CT scan as part of the extension assessment. It showed three cystic lesions (3 masses: under hepatic, right flank and the last one supravesical). The surgical management consisted first in under-hepatic mass resection. The left flank mass resection with caudal pancreatectomy(the tumor took the pancreas tail).And the last one consisted of the mesenteric mass resection with ileum facing the lesion. Fig. 1 is shown below (one under the liver—Fig. 1a, the second one—Picture 1b—in the left flank at the expense of the tail of the pancreas and the last in the pelvic area at the expense of the ilealmensentere—Picture 1c). The anatomopatholigical study of the part was in favor of metastatic liposarcoma.

The pathological result is in favor of secondary localization of initially diagnosed liposarcoma. The Post-operation consequences are simple and the oncologic management was clinical and morphologic following up.

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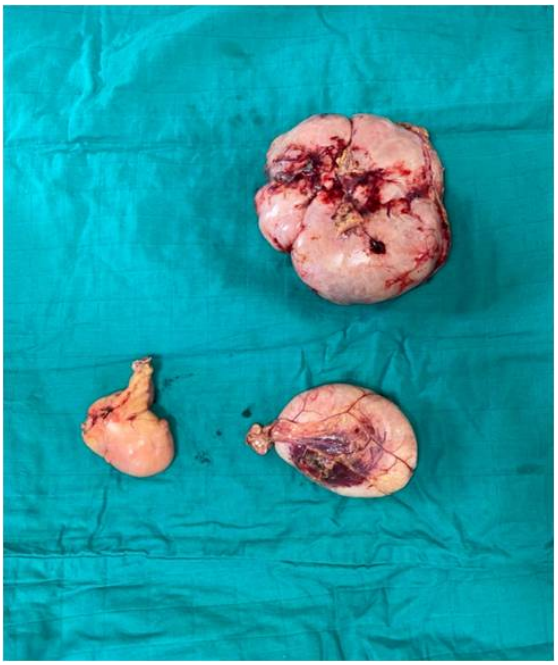

Fig. 1 Intra-abdominal and retroperitoneal metastatic liposarcoma.

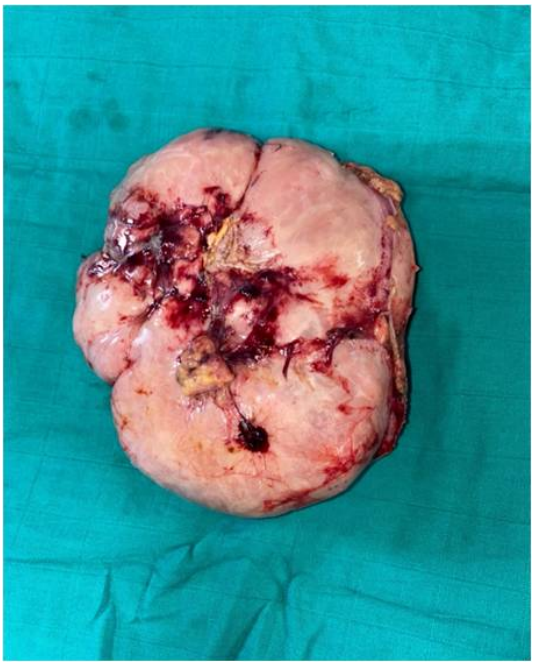

Fig. 1 bLeft flank liposarcoma at the expense of pancreas tail.

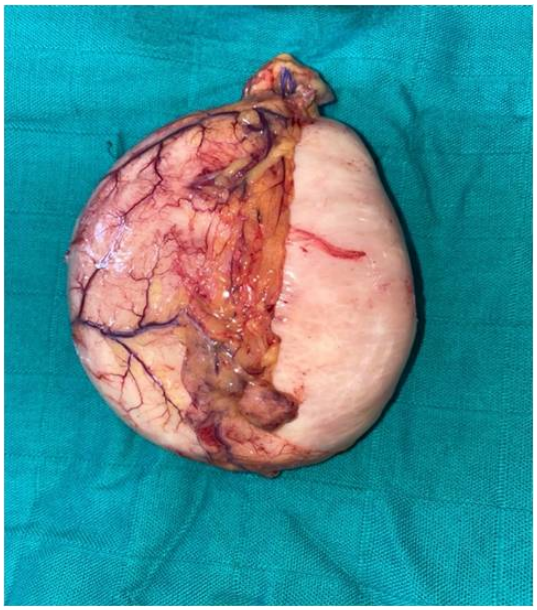

Fig. 1a Under the liver liposarcoma.

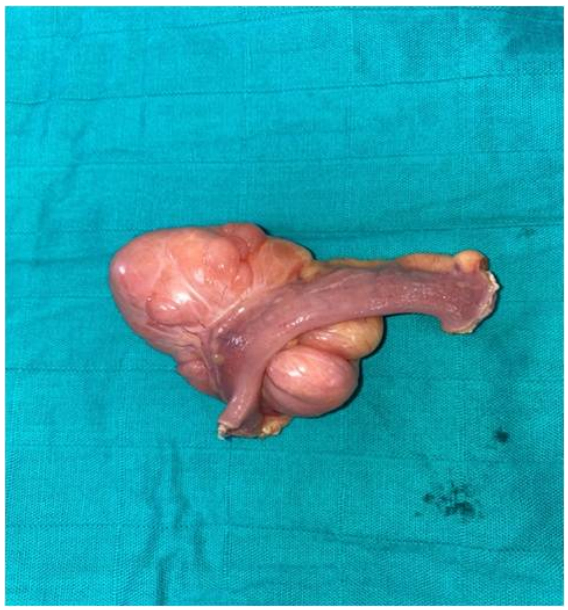

Fig. 1c The pelvic area liposarcoma at the expense of mesentereileal.

3. Discussion

Soft-tissue sarcomas are a diverse group of rare mesenchymal malignancies that can arise at any location in the body and affect all age groups [1] as in this case, 50-Year old patient. These sarcomas are most common in the extremities, trunk wall, retroperitoneum, and head and neck. In the adult population, soft-tissue sarcomas arising in the abdomen and pelvis are often large masses at the time of diagnosis because they are usually clinically silent or causing vague or mild symptoms until they invade or compress vital organs [2], in our case the patient had left hip disarticulation for myxoidliposarcoma. Liposarcoma is a malignant tumor of mesenchymal origin with significant tissue diversity. It is composed of adipocytes with different degrees of differentiation and different degrees of heteromorphosis. It is not sensitive to traditional radiotherapy and chemotherapy and has a poor prognosis [3-6]. The typical scenario is the discovery of a large abdominal or pelvic mass in a patient who is imaged for abdominal fullness or pain. The differential diagnosis will depend primarily on the anatomic location. Soft-tissue sarcomasarising in the abdomen and pelvis may occur in all anatomic compartments, the retroperitoneum, peritoneal cavity, and abdominal wall. However, knowledge of the imaging and pathologic features of soft-tissue sarcomas is important in the differential diagnosis [4]. Because soft-tissue sarcomas are rare and can be difficult to treat and manage, an accurate initial diagnosis is essential for these patients. The surgical treatment of abdominal metastasis is a palliative procedure as it invariably indicates distant micrometastatic disease [5-7].

4. Conclusion

Intra-abdominalliposarcoma metastases are rare; with or without symptoms, the systematic search of metastasis is required. The mean treatment remains resection despite the poor prognosis and dismal survival.

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