Retroperitoneal Liposarcoma Causing Incredible Abdominal Enlargement

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A 49-year-old woman presented with slowly progressive, asymptomatic abdominal swelling of one year's duration. Six years earlier, she had undergone resection of a retroperitoneal liposarcoma together with the attached left kidney. Without further treatment, she remained well for five years.

On physical examination, the abdomen was incredibly enlarged, rock-hard, and non-tender (Figure 1). The complete blood count, urinalysis, chest radiograph, stool guaiac test, serum electrolyte values, liver function studies, and levels of blood calcium, creatinine, and glucose were all normal. Computed tomography (CT) showed numerous, non-homogeneous masses of varying density compressing and displacing but not invading contiguous abdominal and retroperitoneal organs (Figure 2).

At celiotomy, most of the neoplastic tissue was removed in three large blocks totaling 100 lbs! The histopathologic diagnosis was well-differentiated liposarcoma. After a lengthy postoperative course, the

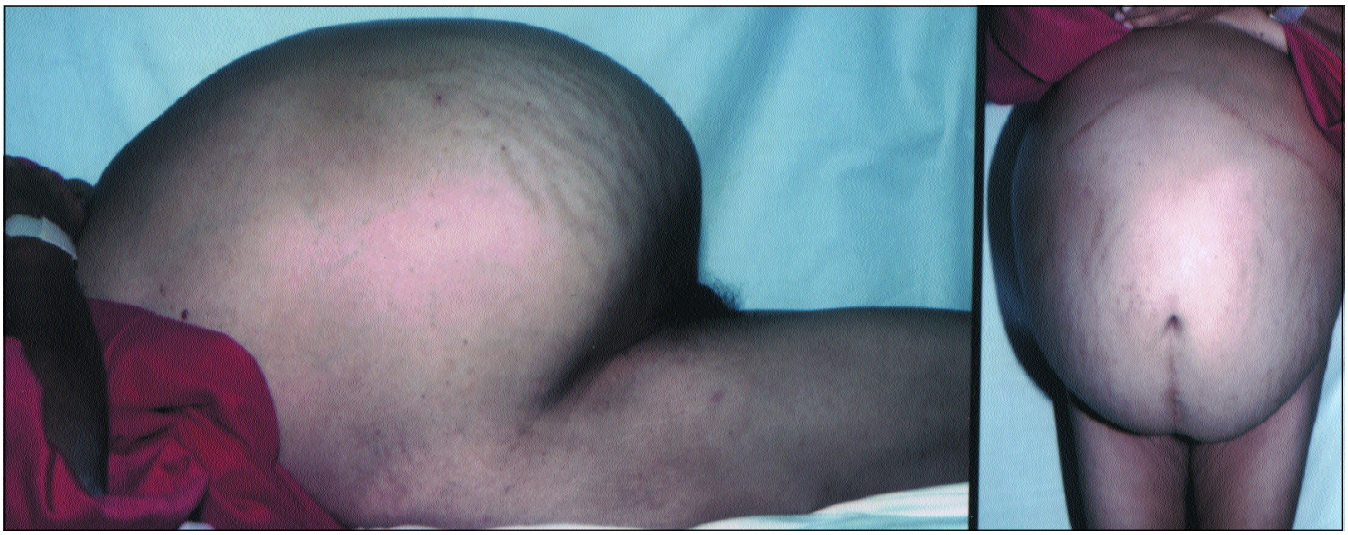

Figure 1. Abdomen containing more than 100 lbs of recurrent tumor.

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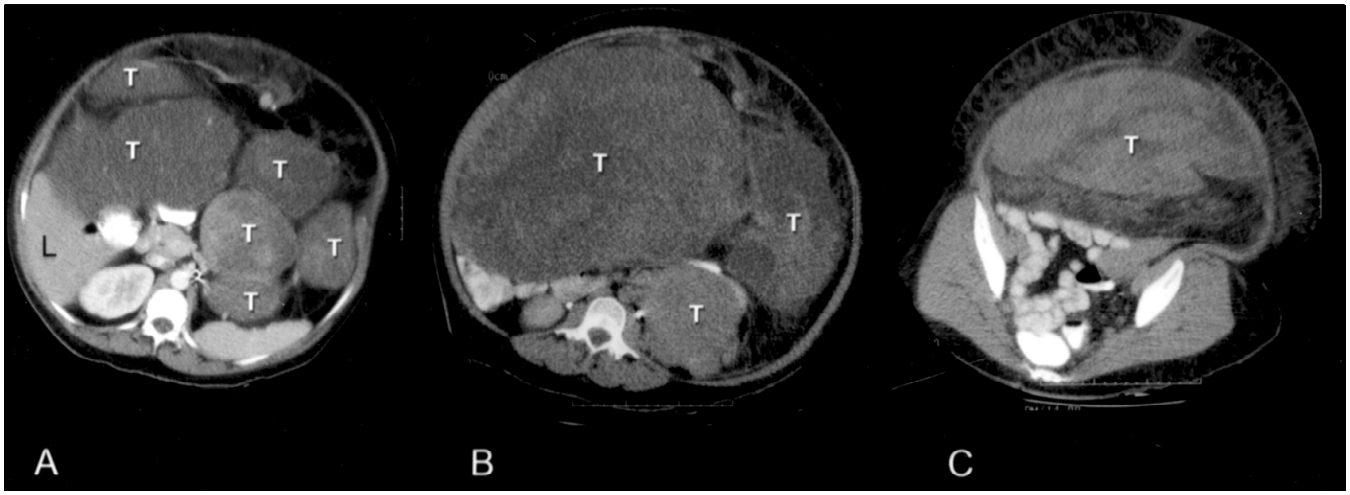

Figure 2. Computed tomography at level of liver (A), mid-abdomen (B), and pelvis (C) after intravenous injection of contrast material. L=liver, T=tumor

patient resumed her usual activities but died three years later of widespread metastases.

COMMENT

As was true in this patient, retroperitoneal liposarcomas are frequently painless, tend to be large when first diagnosed, and typically compress and displace, but do not invade, major organs. Although their detection is easy with CT or magnetic resonance imaging, precise diagnosis requires histopathologic evaluation. Treatment is predominantly surgical, but adjuvant radiotherapy may reduce local recurrences (1). Prognosis depends mainly on the extent of the resection and on the histologic grade of the tumor at initial presentation (1-3). Thus, in patients with well-differentiated cell types, the 5-year survival rate can be as high as 70% to 80%, while in those with poorly differentiated lesions, survival drops to 20% or less (3).

References

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