

## Giant Retroperitoneal Liposarcomas: Case Report

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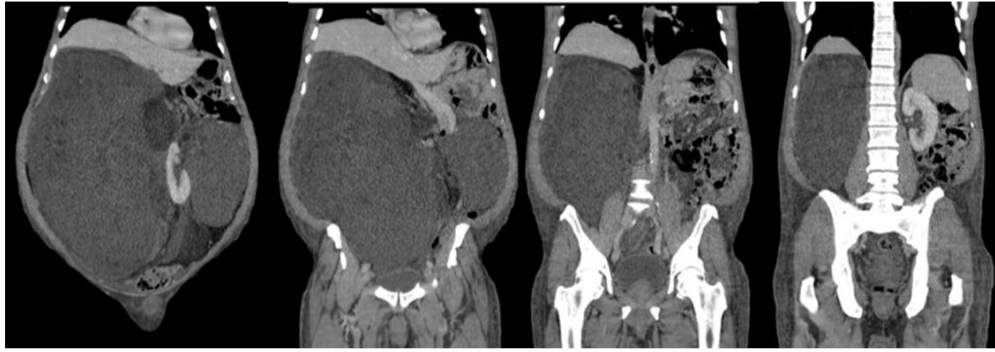
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### Introduction

Male, 70 years old, abdominal pain for 10 months, weight loss, and increased abdominal volume. Computed Tomography (CT) was performed - **Figure 1 and 2**. Subjected to biopsy by radio intervention, it was not possible to establish a

diagnosis due to the scarcity of the material and was then taken to laparotomy for resection of the retroperitoneal lesion associated with right nephrectomy due to tumor involvement - **Figure 3**. R2 Resection due to injury to the small mesentery. Discharge on the 5th post-operative day. Awaits initiation of palliative doxorubicin.



**Figure 1:** CT Volumous Retroperitoneal Lesion 31.0 X 30.0 cm in its Largest Axial Diameters. The Injury Compresses and Displaces. The Right Hepatic Lobe in A Cranial Direction and Displaces the Right Kidney (Yellow Circle), The Pancreas and Small Loops to the Left. Left Kidney (Red Circle).



**Figure 2:** CT Sagital View.



**Figure 3:** Injury after Resection (Scale – Yellow Line = 30 CM).

Diagnosis: Myxoid Liposarcomas of the Retroperitoneum, Who / Fnlcc Grade 2, with Areas of Necrosis, Extensively Compromising the Perirenal Tissues and Focally Including the Renal Capsule, Measuring 51.0 cm in the Major Axis. Kidney Parenchyma Showing Discrete Chronic Tubulo-Interstitial Damage.

### Discussion

Around 12% of soft tissue sarcomas occur in the retroperitoneum, the most prevalent age group is between 50 - 60 years old, with no sex predilection. Liposarcomas are usually asymptomatic until they develop compressive symptoms. The recommended treatment is surgical resection with negative margins. The usual behavior is high local recurrence, which can reach 50% in 5 years, and with a lower probability of distant implants, with the characteristics of the tumor, such as histological subtype, degree of dedifferentiation, multifocality and compromised margins being indicators. Important for disease-free survival. Although they are

often diagnosed with large dimensions, there is rarely invasion of organs at diagnosis, with the renal parenchyma being affected in around 9% of cases.

### Conclusion

R0 resection in Liposarcomas is difficult due to the lipomatous constitution and similarity to abdominal fat. Surgery remains the standard treatment. The use of chemotherapy and radiotherapy has been studied, with proposals for neoadjuvant treatment, especially in well-differentiated or dedifferentiated grade 1 and 2 Liposarcomas, or adjuvant, as in this case, in the context of residual disease.

### Citation of this Article

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