

Cystic and Calcified Retroperitoneal
Sarcoma: A Very Rare OccurrenceDillip Kumar Muduly^{1*}, Kalinga Ketan Naik², Deepak Gupta³ and Atul Agarwal³¹Department of Surgical Oncology, All India Institute of Medical Science, Bhubaneswar, Odisha, India²Radiation Oncology, HARMONY Cancer Hospital, Mohali, Punjab, India³Surgical Oncology, HARMONY Cancer Hospital, Mohali, Punjab, India

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Abstract

Retroperitoneal liposarcoma is a primary malignant retroperitoneal tumor of mesenchymal cell origin mostly occurring after 40 yr of age. It is one of the most common primary retroperitoneal neoplasms. However retroperitoneal sarcomas are almost always solid, with rare case reports of cystic nature and extensive calcification in a cystic liposarcoma is still very rare. Here by presenting a rare case of Cystic and Calcified retroperitoneal liposarcoma patient who underwent exploratory laparotomy with excision of the lesion and on regular follow-up and disease-free since last 3 years.

Body Text

A 45 year old male presented to the out-patients clinic with history of pain and swelling in the right flank since 3 months. There was no history of any change in bowel or bladder habits. He had history of surgery for swelling in same location 1 year back, details of which were not available. On clinical examination, there was a transverse scar on the right flank and an immobile retroperitoneal swelling on right flank starting from the right costal margin to the right iliac fossa. There was no other organomegally. The bilateral tests and per rectal examination was normal. His routine blood biochemistry was normal. CT scan of the abdomen revealed a large cystic mass behind the right kidney in the right paravertebral gutter with a solid component posteriorly invading the psoas major and the quadrates lumborum muscle with extensive calcification (Figure 1A). CT scan of the chest did not reveal any metastasis in lungs. With all of the above findings a diagnosis of recurrent liposarcoma of the retroperitoneum was diagnosed. He underwent exploratory laparotomy with excision of the lesion and 2 cm margin from the invaded right psoas and quadrates lumborum muscle. The cyst had straw colored fluid inside it. Histopathology revealed features of liposarcoma with calcification in the posterior wall. He received 60 grays of adjuvant external beam radiotherapy in 30 fractions over 5 weeks in view of large lesion infiltrating the serosa of right colon (Figure 1B). He is on regular follow-up and disease-free since last 3 years.

Conclusion

Retroperitoneal sarcomas are almost always solid, with rare case reports of cystic nature [1-3]. Extensive calcification in a cystic liposarcoma is still very rare and only one case has been reported in English literature [1]. Most common retroperitoneal sarcoma presenting with a cystic sarcoma are synovial sarcoma and leiomyosarcoma [2,4]. Treatment of choice is surgical excision. Recurrence

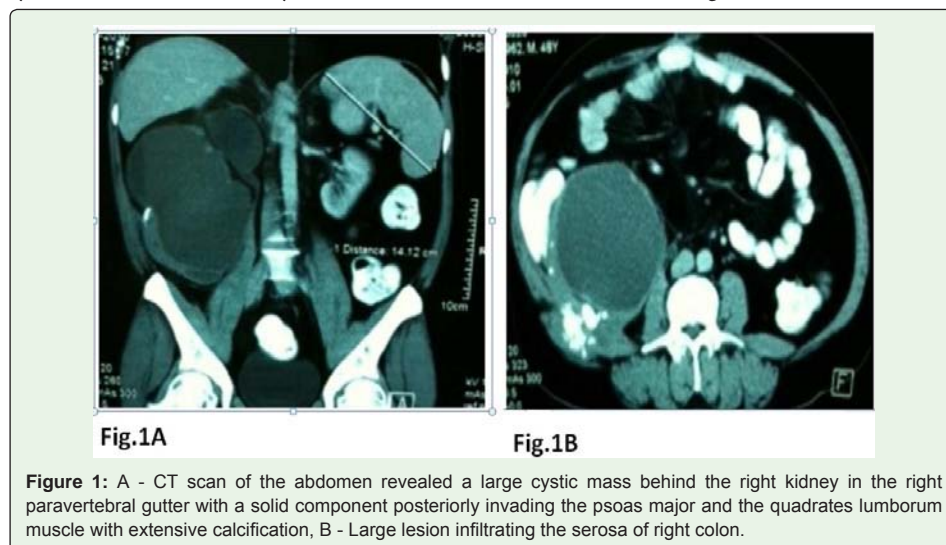


Figure 1: A - CT scan of the abdomen revealed a large cystic mass behind the right kidney in the right paravertebral gutter with a solid component posteriorly invading the psoas major and the quadrates lumborum muscle with extensive calcification, B - Large lesion infiltrating the serosa of right colon.

is common even after adequate surgery due to close and positive margins. Adjuvant radiotherapy is recommended in view of close margin and in recurrent disease. Regular follow-up with imaging is essential to detect early recurrence.

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