INTRODUCTION

Liposarcomas are the most common soft tissue sarcomas accounting for 20% of all sarcomas. They occur most commonly in deep seated tissues of extremities and retroperitoneum. Most of them are silent, slow growing tumours which can attain very large sizes before presentation. Dedifferentiated liposarcoma (DDL) consists of components of well-differentiated liposarcoma and non-lipogenic sarcoma. They usually weigh quite heavily ranging from 10-25 Kg. The heaviest tumour so-far reported in literature is 45 Kg. Radical surgery becomes a challenge with heavier tumours and the dedifferentiated variety due to greater invasive potential. In such cases even palliative resection becomes a difficult option. We report a patient of 72 years who was carrying an abdominal tumour for the last 25 years. The tumour was successfully debulked. The removed tumour mass weighed 46 Kg.

CASE REPORT

A 72 years old lady from the province of Khyber Pakhtunkhwa, Pakistan presented with an abdominal swelling for the last 25 years. The growth gradually increased in size to make it impossible for her to move about with such a heavy abdominal mass. The increase in size was quite rapid in the last 5 years. She had normal appetite. For the last 02 years she had become totally dependent on family members to assist in voiding of urine and bowels. She had refused surgery on many occasions due to the huge size of mass. She was brought to our hospital in June 2009.

Clinical examination revealed a huge mass spanning the whole abdomen (Figure 1). CAT scan revealed a huge retroperitoneal tumour, with tortuous ureters passing through the tumour and three tiny nodules in the right lung field. A subtotal piecemeal excision of the tumour was done after stenting the ureters with single J stents. The excised tumour mass weighed 46 Kg. The patient had a prolonged ileus that recovered in 5 days. Histopathology revealed the mass to be dedifferentiated liposarcoma. The patient and the family were satisfied with the short-term outcome of the surgery. She was ambulating with little support and was able to manage her daily affairs.

ABSTRACT

A 72 years old lady presented with a gradually increasing abdominal mass for the last 25 years, with more rapid increase in the last 05 years. Examination revealed a large mass spanning the whole abdomen. CAT scan revealed a huge retroperitoneal tumour, with tortuous ureters passing through the tumour and three tiny nodules in the right lung field. A subtotal piecemeal excision of the tumour was done after stenting the ureters with single J stents. The excised tumour mass weighed 46 Kg. The patient had a prolonged ileus that recovered in 5 days. Histopathology revealed the mass to be dedifferentiated liposarcoma. The patient and the family were satisfied with the short-term outcome of the surgery. She was ambulating with little support and was able to manage her daily affairs.

Key words: Retroperitoneum. Tumour. Liposarcoma. Paralytic ileus.
up regularly every three months for change of ureteric stents. The patient and the family were satisfied with the short-term outcome of the surgery. She was ambulating with little support and was able to manage her daily affairs with greater ease. Six months later, while at home, she had a sudden demise most probably due to acute cardiac event.

**DISCUSSION**

Retroperitonial liposarcomas are rare tumours comprising 0.07% to 0.2% of all neoplasms. They are slow growing, silent tumours and patients tend to present at a stage when the tumours have attained large sizes. They present with vague signs and symptoms. Sixty to seventy percent of patients complain of vague abdominal discomfort while others present with signs and symptoms of compression of surrounding structures including gastrointestinal and urogenital system. Due to delayed presentation, the tumours are usually found to have infiltrated into the surrounding structures. They, however, have a low tendency that is; 1-18% to metastasise. In this patient, the tumour had been slow growing for the last 12 years till it attained a huge size unmanageable by the patient due to its sheer size and weight.

Histologically, dedifferentiated liposarcoma, as seen in this patient, is composed of well-differentiated liposarcomatous components mixed with high grade pleomorphic malignant fibrous histiocytoma like sarcoma, leiomyosarcoma, rhabdomyosarcoma, osteosarcoma, angiosarcoma and others with the calcified components representing a poor prognosis. These tumours tend to have a high rate of recurrence after resection. Dedifferentiated tumours have a six fold increased risk of death as compared to well differentiated tumours with 5 year survival of 20% as against 83% in well-differentiated tumours.

Surprisingly, it is not the tumour size which determines prognosis; rather it is determined by tumour grade, non-liposarcomatous histology and microscopic infiltration of margins. Surgery still remains the main mode of treatment of liposarcoma ensuring resected margins are clear of tumour. Despite apparent radical excisions, the liposarcomas are known to recur and the de-differentiated variety is the most common to relapse. There is a role of adjuvant radiotherapy especially improving the local control of disease. However, in recurrent cases, if detected in time, the surgical extirpation is still the best viable option. The tumouricidal doses of radiotherapy, if given alone, may not be possible for a huge recurrence, as is commonly seen in these patients, without significant morbidity.

The patient, too, harboured the tumour for a long duration till it had achieved a massive size when she presented ultimately compressing the surrounding structures leading to constipation, bilateral hydronephrosis, dyspnoea and inability to sit or walk about. Her tumour had already metastasized to the lungs at the time of presentation. Surgery was thus planned and carried out successfully as a palliative measure to debulk the tumour and improve her quality of life. A total of 46 kg was removed leaving pieces close to vital structures to decrease morbidity. The heaviest removed documented in literature is 45 kg.

**REFERENCES**


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