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Giant retroperitoneal mass occupying nearly the whole abdomen

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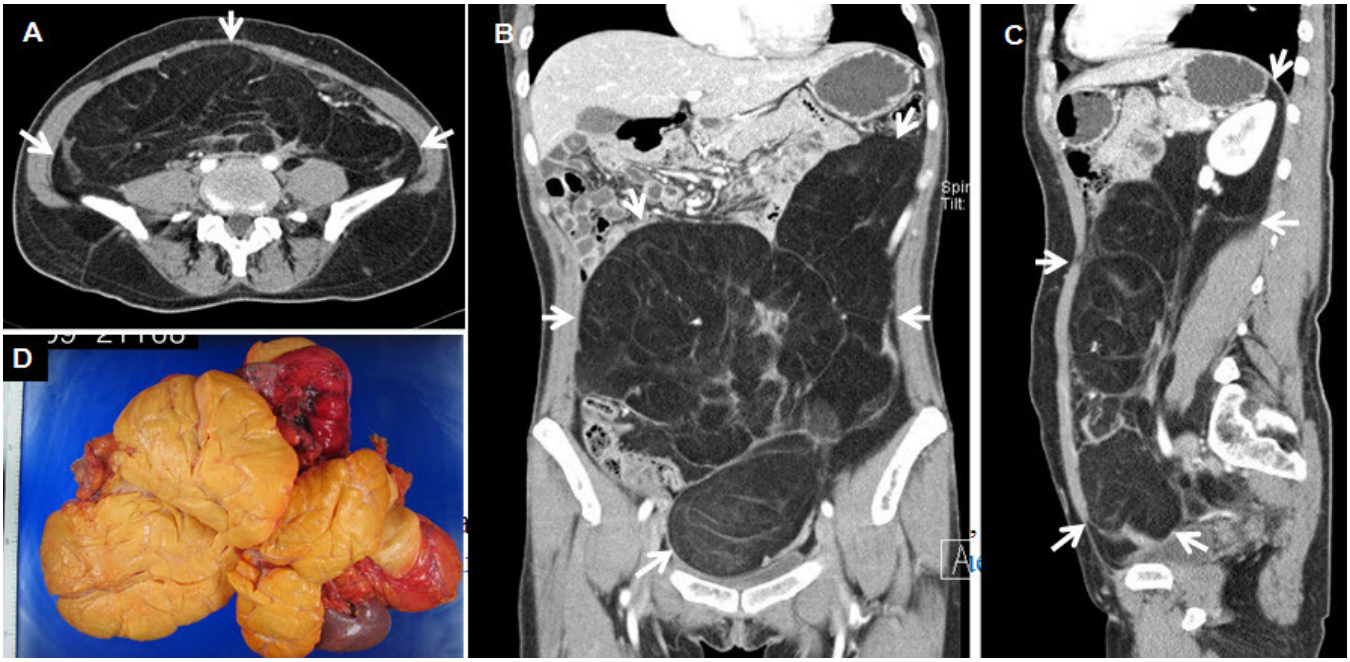
Clinical presentation—A 48-year-old woman presented with an abdominal mass with insidious onset. Computed tomographic scans of abdomen and pelvis (Figure 1A–1C) revealed a huge fatty tissue mass extending from the retroperitoneum to the pelvis. It occupies entire mid to lower abdomen and pelvis displacing bowel loops to the right upper quadrant of the abdomen.

She underwent a complete excision of the tumour with concomitant resection of the left kidney, the left hemicolon, and the left ovary (Figure 1D).

Figure 1. Computed tomographic scans of abdomen and pelvis (A, horizontal; B, coronal; C, sagittal; arrows indicate the extent of a huge fatty tissue mass) and resected tumour (D)



What is the diagnosis?

Answer and Discussion—*Retroperitoneal liposarcoma* is a rare tumour that may grow to a considerable size before causing clinical symptoms.[1] It has been reported that 20% of the tumours are >10 cm at the time of diagnosis. Clinically, these tumours tend to present with diffuse abdominal pain accompanied by anorexia, weight loss and increased abdominal girth.

The most characteristic sign is a painless abdominal mass in ~78% of the cases. Abdominal symptomatology is due to compression of the organs. Aggressive surgical resection of the tumour together with adjacent structures, if necessary, is the mainstay of treatment.[2]

Regarding prognosis, retroperitoneal liposarcoma is significantly better than other retroperitoneal soft tissue sarcomas such as leiomyosarcoma, malignant peripheral nerve sheath tumour, and malignant fibrous histiocytoma. Histologic grade, status of resection margin, and tumour invasion of adjacent structures are known to affect prognosis of retroperitoneal sarcoma.[3]

In this patient, histologic examination of the specimen confirmed that the lesion was well-differentiated liposarcoma. Her postoperative course was uneventful. Any adjuvant therapy was not given.

After 3 years of treatment, the patient was well.

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