

## **Atypical Presentation of Retroperitoneal Liposarcoma**

## Instantánea Clínica

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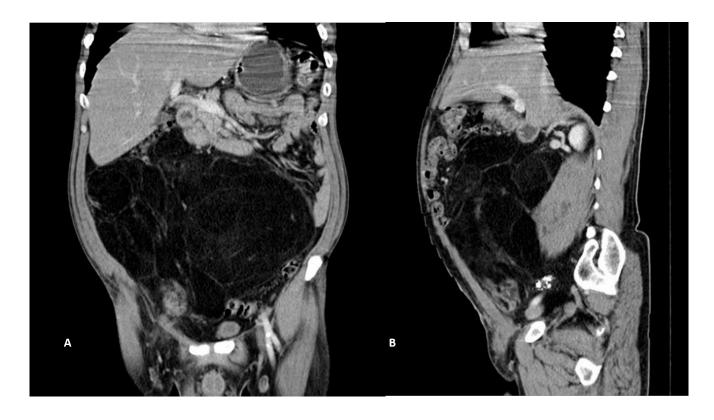


Figura 1: A) Abdominopelvic CT, coronal view; B) Abdominopelvic CT, sagittal view

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R etroperitoneal liposarcoma is a rare tumour. They are usually asymptomatic, causing symptoms by compression of adjacent structures. The diagnosis is difficult, requiring a high index of suspicion.

Herein, we present the case of a 53 year-old man that attended the emergency department with a 2 week painful right groin mass without signs of intestinal obstruction, unintentional gain of weight and early postprandial satiety. He underwent urgent surgery as an incarcerated inguinal hernia was suspected. During surgery a lipomatous mass that emerged from the abdominal inguinal ring was identified. It was resected and an inguinal Lichtenstein hernioplasty was performed. Pathological analysis showed a Grade I well differentiated sclerosing liposarcoma, positive for S-100 and a low mitotic count. The thoracoabdominal CT showed a great retroperitoneal mass without distant metastases (Figures 1 and 2), which concurred with the histological findings. The case was discussed at the gastrointestinal tumour board, deciding to transfer the patient to the Hospital's referral centre.

Retroperitoneal liposarcomas usually are well-differenciated, with a low metastases rate but a high local recurrence rate. The most appropriate diagnostic test is the throracoabdominal CT. Treatment must be done in specialized units. The main treatment option is surgery, requiring a R0 resection. <sup>1</sup>

## REFERENCIAS

[1] Mansfield SA, Pollock RE, Grignol VP. Surgery for abdominal well-differentiated liposarcoma. Curr Treat Options Oncol 2018:19:1.