International Journal of Academic Health and Medical Research (IJAHMR)
ISSN: 2643-9824
Vol. 5 Issue 12, December - 2021, Pages:1-3

Gastric Liposarcoma : Rare Tumor With Diagnostic And Therapeutic Challenges

Fdil Mohamed, Labbi Ismail, Mamado Diallo, El Bouhaddouti Hicham, El Bachir Benjelloun, Ouadii Mouaqit, Ousadden Abdelamalek, Ait Taleb Khalid.

Abstract : *Gastric liposarcoma is a very rare tumor. Its diagnosis is generally late, its radiological appearance is very suggestive of fatty and stromal tumors, hence the need for histology to have a definite histological diagnosis. Surgery is the treatment of choice. Adjuvant radiotherapy improves the prognosis. Chemotherapy finds its interest mainly in the advanced forms. The prognosis remains pejorative. We report the case of a patient who presents gastric liposarcoma, while highlighting the diagnostic and therapeutic difficulties of this rare pathological entity.*

Keywords: liposarcoma, stomach, diagnosis, treatement.

INTRODUCTION :

Liposarcoma is a relatively common tumor that represents up to 20% of all malignant mesenchymal tumors (sarcoma), however the intraperitoneal, especially gastric, localization remains exceptional, being confused with stromal tumors, radiologically; rather a favorable prognosis, and a well-coded management method, hence the need for histological proof, before any procedure of excision. [1,2]. We report the case of a patient who presents with gastric liposarcoma, while highlighting the diagnostic and therapeutic difficulties of this rare pathological entity.

PATIENT AND OBSERVATION:

A 48-year-old man, BMI = 20, without known defects, who has presented for 3 months epigastric pain on dorsal irradiation without vomiting or other associated signs, on clinical examination a large painless epigastric mass was found, fixed at the deep level , and superficially mobile, the rest of the somatic examination was unremarkable. The biological assessment revealed a slight hypochromic microcytic anemia, the tumor markers in particular ACE and CA 19.9 were normal. Thoraco-abdominal-pelvic computed tomography was performed objectifying a tissue density lesional process at the level of the back omentum cavity measuring 104 * 80 mm, pushing back the stomach and the pancreas and coming into contact with the left renal pedicle and the left renal pedicle(figure1,2,3). The aorta, the eso-gastro-duodenal fibroscopy was not conclusive with a negative biopsy, hence the realization of a radiological biopsy whose histological and immunohistochemical study was in favor of a dedifferentiated liposarcoma. The patient's file was staffed in a multidisciplinary consultation meeting and the decision was to put the patient on chemo-palliative treatment given the inextirpability of the tumor given its vascular relationships.

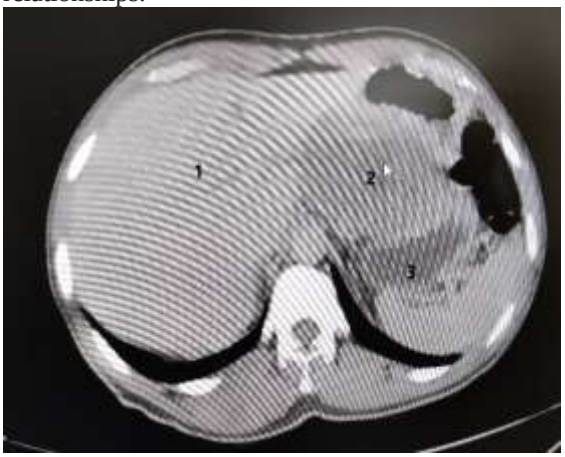

Figure 1: CT scan showing the tumor mass; 1: lever, 2: tumor mass, 3 : stomach

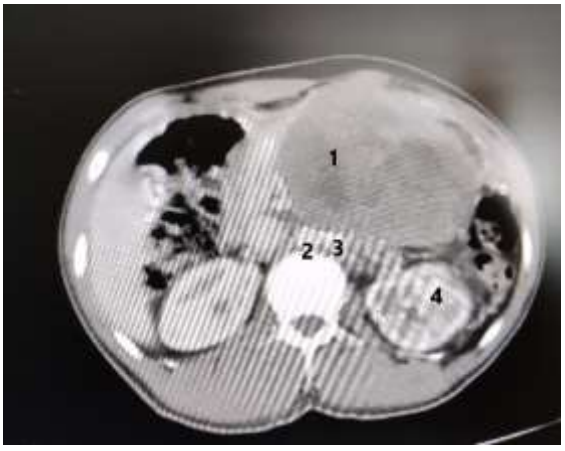

Figure 2 : CT scan showing the tumor mass; 1: tumor mass, 2: aorta, 3 : renal artery, 4: kidney

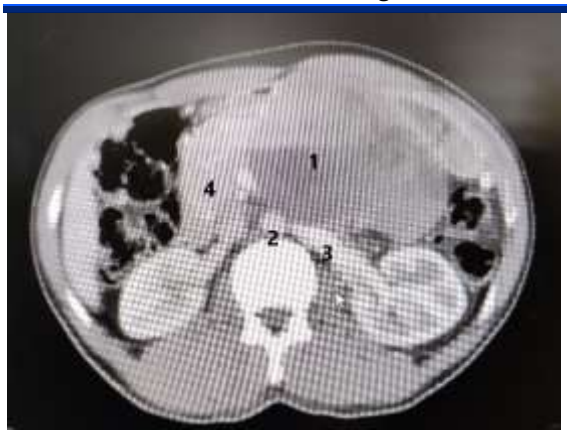

Figure 2 : CT scan showing the tumor mass and its relationships; 1: tumor mass, 2: aorta, 3 : renal artery, 4: pancreas

DISCUSSION :

Liposarcomas are the most common sarcomas. Develop in the limbs and retroperitoneum. Their primary location in the digestive tract, especially the stomach, remains exceptional with a few cases reported in the literature. [1,2].

The clinical signs are late and non-specific, variable depending on the location and size of the tumor; abdominal pain, palpable abdominal mass, transit disorders, gastrointestinal bleeding, obstruction, dysphagia. [2,4]

The contribution of radiology is very limited in terms of diagnosis given the great diversity of tumors rich in adipocytes and the unspecific aspect of liposarcomas. But it makes it possible to study the resectability criteria in order to anticipate the therapeutic strategy to come, especially the relationship with the vascular axes, the anatomopathological examination remains the gold standard for diagnosing these tumors. [5]

The WHO classification of soft tissue and bone tumors in 2020 describes five histological types of liposarcomas: [4,6]

- atypical lipomatous tumor (ALT) / well differentiated liposarcoma (WDLPS): 45.8%, locally aggressive tumors but with slow development and very low metastatic risk, which makes them rather good prognosis, chemoresistant tumors, with risk of local relapse, with progression to a dedifferentiated liposarcoma [11].

- dedifferentiated liposarcoma (DDLPS): 44.8%, high-grade tumor which occurs de novo or on a well-differentiated tumor, high risk of metastasis and local relapse, these tumors being resistant to current treatment [11].

- myxoid liposarcoma: 4.8%, mainly affects the extremities rarely the retroperitoneum or the digestive tract, a third of patients present with distant metastases.

- pleomorphic liposarcoma: 0.8%, high grade, very aggressive, with local recurrences and metastatic changes in 30 to 50% of cases.

- Pleomorphic myxoid liposarcoma: a new individualized entity in the 5th edition of the WHO classification of tumors of soft tissue and bone. Combining myxoid and pleomorphic liposarcoma, this is a rare and very aggressive tumor that occurs in children and adolescents. Although its preferred site is mediastinal, the abdominal location is also reported [2]. The prognostic criteria for his tumors are tumor size, histological type and grade, the latter defined by mitotic index, cell differentiation and tumor necrosis [7].

At present, curative surgery (+/- compartmental excision) remains the cornerstone of the treatment of liposarcomas, as for other sarcomas [4], especially since there is no effective therapeutic alternative, It is a difficult, technically complex surgery involving a multidisciplinary team, with significant morbidity, and which must meet carcinological requirements; monobloc resection with healthy macroscopic and microscopic margins (R0), and without tumor invasion [2]. The main criterion of non-resectability of these tumors is circular entrainment of the superior mesenteric artery, intraspinal extension through a conjugation hole, invasion or circumferential extension of the aorta, invasion of the vein. cellar, pan abdominal character [8,9]. Second-line surgery in case of recurrence may be indicated, but morbidity and mortality is greater [8,9].

Radiotherapy associated with surgery seems to be able to improve local control, according to certain modalities (rather preoperative) and for certain tumors (well defined, high grade). [10.11]

Adjuvant ant neoadjuvant chemotherapy is based on concepts such as preoperative cytoreduction, micrometastatic sterilization, this therapeutic route remains without a precise protocol. Each case is discussed in SPC to determine the strategy to be followed [12]. Palliative chemotherapy has only modest benefit, improving living conditions. [10,3]

CONCLUSION :

liposarcoma is an extremely rare tumor, with a generally poor prognosis, with a generally late diagnosis, requiring early, delicate and multidisciplinary management in a referral center.

Conflicts of interest: The authors declare that they have no conflicts of interest.

REFERENCES :

[1]. Ferrozzi F, Tognini G, Bova D, Pavone P. Lipomatous tumors of the stomach: CT findings and differential diagnosis. J Comput Assist Tomogr 2000;24:854-8.

[2] Sbaraglia M, Dei Tos AP, Pedeutour F, Marino-Enriquez A.Atypical lipomatous tumour/well-differentiated liposarcomaand dedifferentiated liposarcoma. In: WHO classification oftumours of soft tissue and bone. 5th ed. Lyon: IARC Press; 2020.p. 34—41.

[3] Cates JMM. Performance analysis of the american joint commit-tee on cancer 8th edition staging system for retroperitonealsarcoma and development of a new staging algorithm forsarcoma-specific survival. Ann Surg Oncol 2017;24(13):3880—7.

[4] Gajzer DC, Fletcher CD, Agaimy A, Brcic I, Khanlari M,Rosenberg AE. Primary gastrointestinal liposarcoma——a clini-copathological study of 8 cases of a rare entity. Hum Pathol2020;97:80—93.

[5] Messiou C, Morosi C. Imaging in retroperitoneal soft tissue sar-coma. J Surg Oncol 2018;117(1):25—32.

[6]. Dei Tos AP, Pedeutour F. Atypical lipomatous tumour. In: Fletcher CDM, Unni KK, Mertens F (Eds.): World Heath Organization. classification of tumours. Pathology and genetics of tumours of soft tissue and bone. IARC Press, Lyon, 2002:35-46.

[7] [14] Trojani M, Contesso G, Coindre JM, Rouesse J, Bui NB, deMascarel A, et al. Soft-tissue sarcomas of adults; study ofpathological prognostic variables and definition of a histopa-thological grading system. Int J Cancer 1984;33(1):37—42.

[8] Fairweather M, Gonzalez RJ, Strauss D, Raut CP. Current prin-ciples of surgery for retroperitoneal sarcomas. J Surg Oncol2018;117(1):33—41.

[9] Recommandations françaises du comité de cancérologie de l'AFU — Actualisation 2018—2020 : sarcomes rétropéritonéaux*French ccAFU guidelines — Update 2018—2020: Retroperitoneal sarcoma*T. Mureza,b,∗, P.-H. Savoiea,c, A. Fléchona,d,X. Duranda,e, L. Rochera,f, P. Camparoa,g,N. Morel-Journela,h, L. Ferrettia,i, P. Sèbea,j,A. Méjeana, sciencedirecte.

[10] Ecker BL,PetersMG, McMillanMT, SinnamonAJ,ZhangPJ, FrakerDL, et al.Preoperative radiotherapy in the management of retroperitoneal liposarcoma. BrJ Surg2016;103(13) :1839–46.
[11] Molina G,HullMA,ChenYL,De LaneyTF,De Amorim Bernstein K,ChoyE, et al.Preoperative radiationtherapy combined with radical surgical resection is associated with a lower rate of local recurrence when treating unifocal, primary retroperitonea lliposarcoma.JSurg Oncol 2016;114 (7):814–20.

[12] Pham V, Henderson-Jackson E, Doepker MP, Caracciolo JT, Gon-zalez RJ, Druta M, et al. Practical issues for retroperitonealsarcoma. Cancer Control 2016;23(3):249—64.