

MEETING ABSTRACT

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Dedifferentiated liposarcomas: evaluation of the prognostic and therapeutic factors in the elderly patient

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Background

Liposarcomas (LPS) are rare tumors accounting approximately for 19% of adult soft-tissue tumors [1]. The most recent classification of the WHO divides liposarcomas into 3 main clinicopathological and genetic subtypes: myxoid/round cells liposarcoma, well differentiated / dedifferentiated liposarcoma and pleomorphic liposarcoma [2]. The importance of a total macroscopical resection to perform an oncologically correct operation is well known, so that it is often necessary to remove one or more adjoining organs with the purpose of reducing the risk of local secondary recurrences [3].

Materials and methods

We present the case of an 88-year-old woman with a large abdominal swelling. The TC of the abdomen shows the spleen moved upward (Figure. 1). The left hemiabdomen is filled by an expansive formation almost 20 cm wide in diameter, made partly of a solid component and partly cystic-like. The pancreas is totally against the gallbladder. It does not seem possible to remove the back wall of the spleen from the swelling. (Figure 2).

We decide to perform surgery. The neoplasia is in continuity with the tail of the pancreas, so a distal pancreatectomy and splenectomy is performed. Definitive histological examination: dedifferentiated liposarcoma of high degree.

Results

After surgical resection of the primitive liposarcoma, factors determining the probability of recurrence and



Figure 1



Figure 2

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survival are: histological type, the impossibility to perform a complete resection, the removal of adjoining organs and the advanced age [4].

Conclusions

In retroperitoneal and abdominal lesions surgical treatment remains the most important therapy because of the evident lack of benefit of chemotherapy and the impossibility to administer doses suitable of radiation without serious damage to the healthy tissues. Studies are in progress for the reevaluation of intraoperative radiotherapy (IORT) and of preoperative chemotherapy.

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