

## Massive, well-differentiated liposarcoma of the axilla

Derek Khorsand, BS; Seema Mukerjee, MD; and Michael L. Richardson, MD

We present a case of well-differentiated liposarcoma (WDL) involving the right proximal arm and axilla in a 66-year-old Filipino male. The patient first noticed the lesion 18 years ago, and it subsequently slowly progressed in size. MR and CT imaging interpreted the lesion as likely being a WDL, a diagnosis that was confirmed by histology.

### Case report

A 66-year-old Filipino male presented to our institution with a history of a slow-growing mass in his right proximal arm that he first noticed 18 years ago as a small egg-shaped bulge. After those 18 years, the patient presented with a soccer-ball-sized mass involving his proximal arm and axilla (Fig. 1).

The overlying skin was normal in appearance, although with several large, tortuous, superficial veins. The mass did not transilluminate, and the forearm was of normal caliber with normal pulses. The patient denied any pain at rest or with palpation; however, he was unable to fully adduct his arm due to the size of the mass. A review of systems was negative. The patient's medical, surgical, and family histories were not contributory. There was no history of any radiation treatment, trauma, or prior malignancy in the affected extremity.

MRI revealed a large, multilobulated, heterogeneous, predominantly fat-containing lesion that measured 18.9 cm (anterior-posterior) by 19.5 cm (transverse) by 29.7 cm (craniocaudal) in greatest dimension (Figs. 2 and 3).



Figure 1. Large, soccer-ball-sized mass involving the patient's upper arm with several large, superficial, tortuous veins.

**Citation:** Khorsand D, Mukerjee S, Richardson ML. Massive, well-differentiated liposarcoma of the axilla. *Radiology Case Reports*. (Online) 2014;1:898.

**Copyright:** © 2014 The Authors. This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs 2.5 License, which permits reproduction and distribution, provided the original work is properly cited. Commercial use and derivative works are not permitted.

Mr. Khorsand is a medical student, Dr. Mukerjee is a Fellow in Musculoskeletal Radiology, and Dr. Richardson is a Professor of Radiology, all at the University of Washington, Seattle WA. Contact Mr. Khorsand at [dkhor@uw.edu](mailto:dkhor@uw.edu).

**Competing Interests:** The authors have declared that no competing interests exist.

DOI: 10.2484/rcr.v9i1.898

The mass arose from the medial soft tissues of the arm at the level of the mid humeral diaphysis and demonstrated growth into the axilla; however, the marrow signal of the humerus was preserved and was without evidence of osseous involvement (Fig. 4).

A component of the mass extended posteriorly into the superior aspect of the upper back (Fig. 5). The mass demonstrated heterogeneous contrast enhancement. The axillary

## Massive, well-differentiated liposarcoma of the axilla

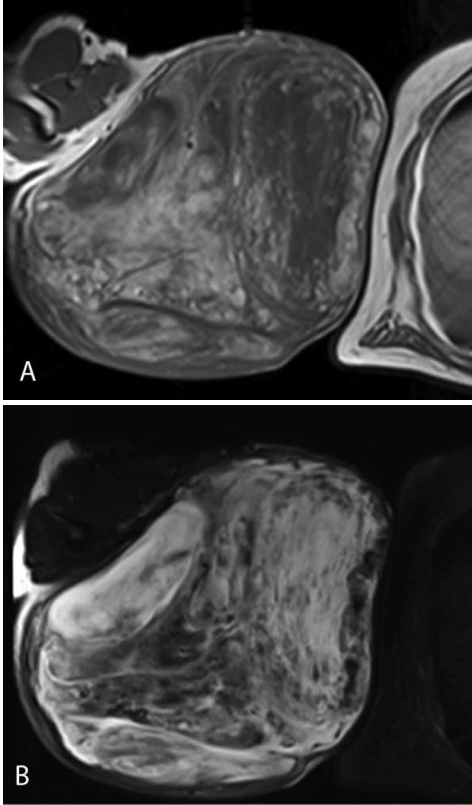


Figure 2. A. Axial T1-weighted MR image through the largest diameter of the mass demonstrates fatty predominance. B. Axial, T2-weighted, fat-saturated MR image at the same level demonstrates decreased signal in the fatty component of the tumor.

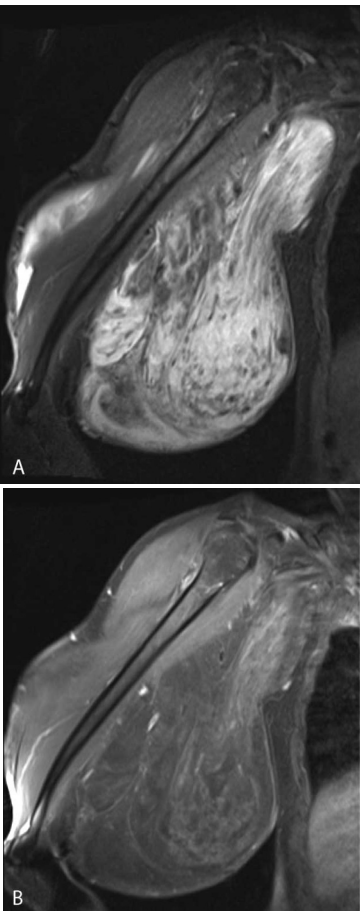


Figure 3. A. Coronal STIR MR image demonstrates lack of osseous involvement. B. Coronal T1, fat-saturated, contrast-enhanced MR image demonstrates lack of osseous involvement and heterogeneous contrast enhancement.

vessels and brachial plexus were slightly displaced by the mass, which was thought to be suggestive of highly differentiated liposarcoma.

CT demonstrated an intact humeral cortex and multiple foci of dystrophic calcification (Figs. 5 and 6).

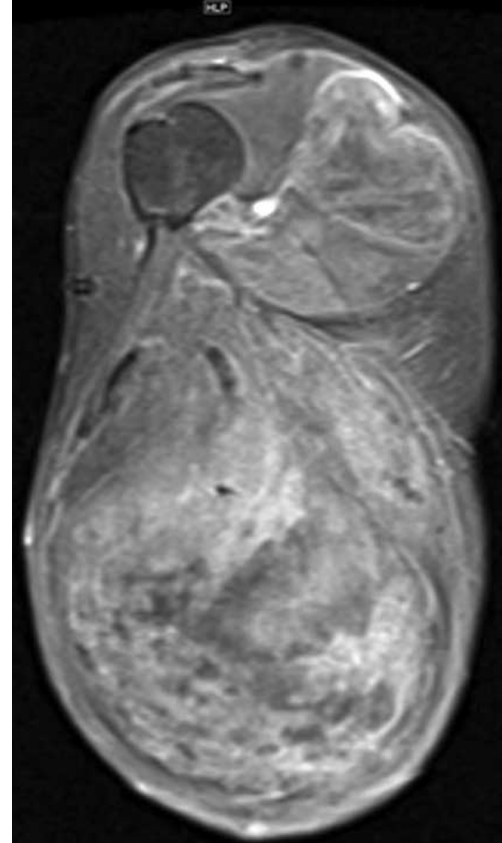


Figure 4. Sagittal, T1W, fat-saturated, contrast-enhanced MR image demonstrates a component of the mass that extends into the superior aspect of the upper back.

A staging chest CT (not shown) demonstrated multiple, indeterminate, upper-lobe pulmonary nodules. Surgery was recommended to the patient and was subsequently performed. The entire mass was grossly resected, although with positive microscopic margins. Gross pathology demonstrated tan-yellow, paramyxoid-appearing tissue in firm lobules with scattered tan-white nodules and areas of hemorrhage (Fig. 7).

The mass also contained foci of chondro-ossification and areas that were suspicious for necrosis. Microscopic examination revealed adipocytes of variable sizes with dark hyperchromatic nuclei and interposed sclerotic bands (Fig. 8). Foci of chondroid and osseous formation with mineralization were also seen, consistent with the appearance on CT and gross examination. The final diagnosis was WDL (atypical lipomatous tumor) with focal chondroid metaplasia.

Download English Version:

<https://daneshyari.com/en/article/4248364>

Download Persian Version:

<https://daneshyari.com/article/4248364>

[Daneshyari.com](https://daneshyari.com)