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Case Report

Incidentally discovered well-differentiated retroperitoneal liposarcoma with inguinal canal herniation: report of 2 cases

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ABSTRACT

Well-differentiated retroperitoneal liposarcomas are slow growing and low-grade tumors, reaching usually huge size before being symptomatic and so diagnosed, therefore with increase of the surgical risk and of the probability of dedifferentiation. Inguinal location of these tumors is unusual and rarely diagnosed.

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In this study, we report 2 cases of incidental finding, during emergency room access, of retroperitoneal liposarcoma herniated in the left inguinal canal, documented with computed tomography with and without contrast medium administration. The final histological examination was respectively “sclerosant” and “lipoma-like” well-differentiated liposarcoma.

Imaging is currently the first step for a correct diagnosis and subsequent treatment, identifying any components of the dedifferentiation of the tumor and allowing an appropriate pre-operative evaluation that appear to be the main prognostic factor.

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Case report

Case 1

A 64-year-old male patient reached our emergency room with right renal colic pain symptoms worsening in the last hours. A baseline computed tomography (CT) confirmed the presence of a right ureteral stone close to the ureteral ostium with ectasia of the ipsilateral ureter. Moreover, CT showed the presence of a retroperitoneal mass in the left pelvis (Fig. 1).

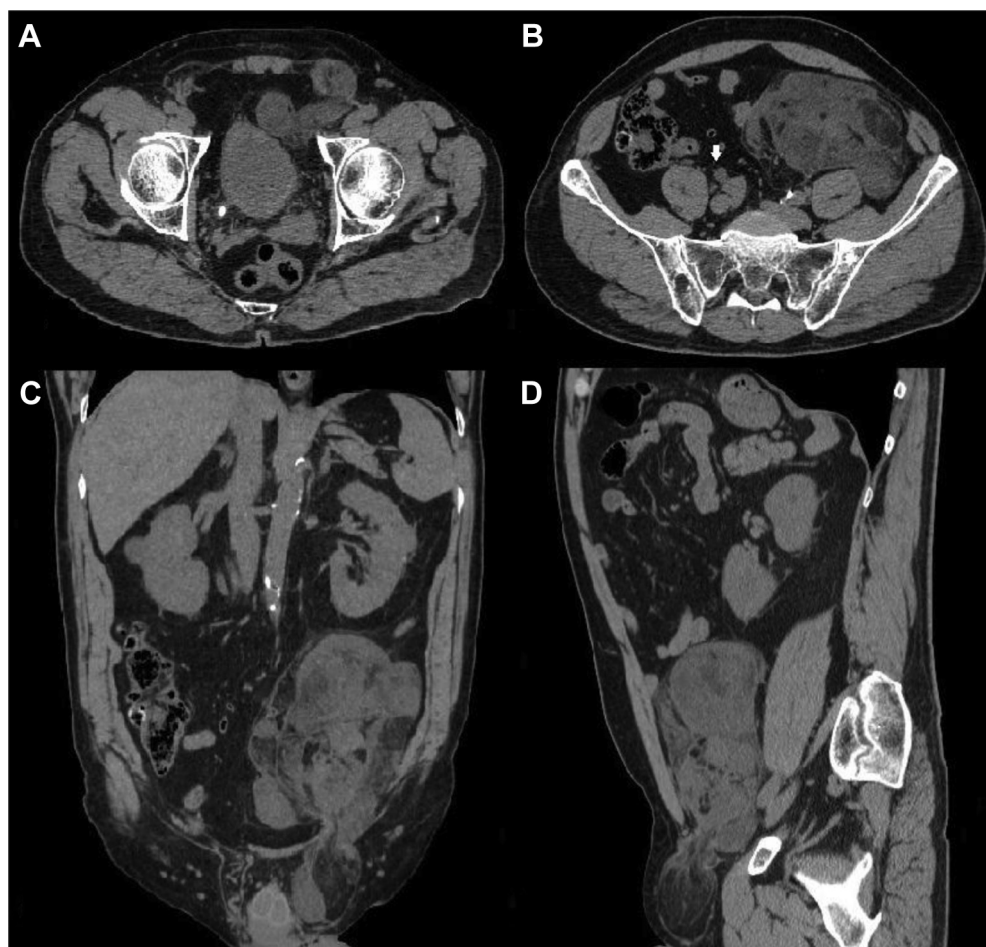


Fig. 1 – Baseline axial CT shows right ureteral stone (A) with distention of the ipsilateral ureter (B, white arrow). CT also shows the presence of a partially adipose retroperitoneal mass located in the left iliac region. Coronal (C) and sagittal (D) CT showing the retroperitoneal mass herniated through the left inguinal canal to the ipsilateral scrotal region. CT, computed tomography.

Supplemental CT investigation, after contrast medium administration (Fig. 2), confirmed the presence of an encapsulated retroperitoneal mass, measuring $13 \times 21 \times 19$ cm, with inhomogeneous density, septa, and nodular foci (53 mm and 40 mm approximately) of early and intense contrast enhancement, and some areas of fat tissue content. This finding extended from the left iliac region through the ipsilateral inguinal canal to the scrotal region where it was located a further solid nodule of 32 mm. The bladder, the bowel loops, the colon, the colonic sigma, and rectum appeared displaced medially and upwards without signs of infiltration.

The lesion densitometric characteristics supported the hypothesis of retroperitoneal liposarcoma. The abdominal study did not reveal swellings lymph nodes or images related to secondary tumors.

The patient underwent surgical removal of the mass. The definitive histological diagnosis was sclerosing well-differentiated retroperitoneal liposarcoma with disease-free margins.

Case 2

A 67-year-old male patient arrived at our emergency room department for severe pain in the left thigh. He had a history of left inguinal hernia surgery. The physical examination detected a bulge in the left groin area, which was not manually reducible at the maneuver of Taxis.

Ultrasound examination showed solid tissue, with mixed echostructure and intense vascularization in the left groin region.

The patient underwent CT before and after administration of contrast medium that showed the presence of a retroperitoneal mainly adipose mass, with dimension of $20 \times 24 \times 21$ cm and extension from the mesogastric and left lumbar to the left iliac region with herniation in the ipsilateral inguinal canal (Fig. 3).

This lesion was well encapsulated with parenchymal inhomogeneous structure, mainly adipose, within thin septa and some hyperdense nodules, the largest about 30 mm wide, characterized by early and intense contrast

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