

Chest Wall Liposarcoma Mimicking Its Benign Counterpart

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Introduction:

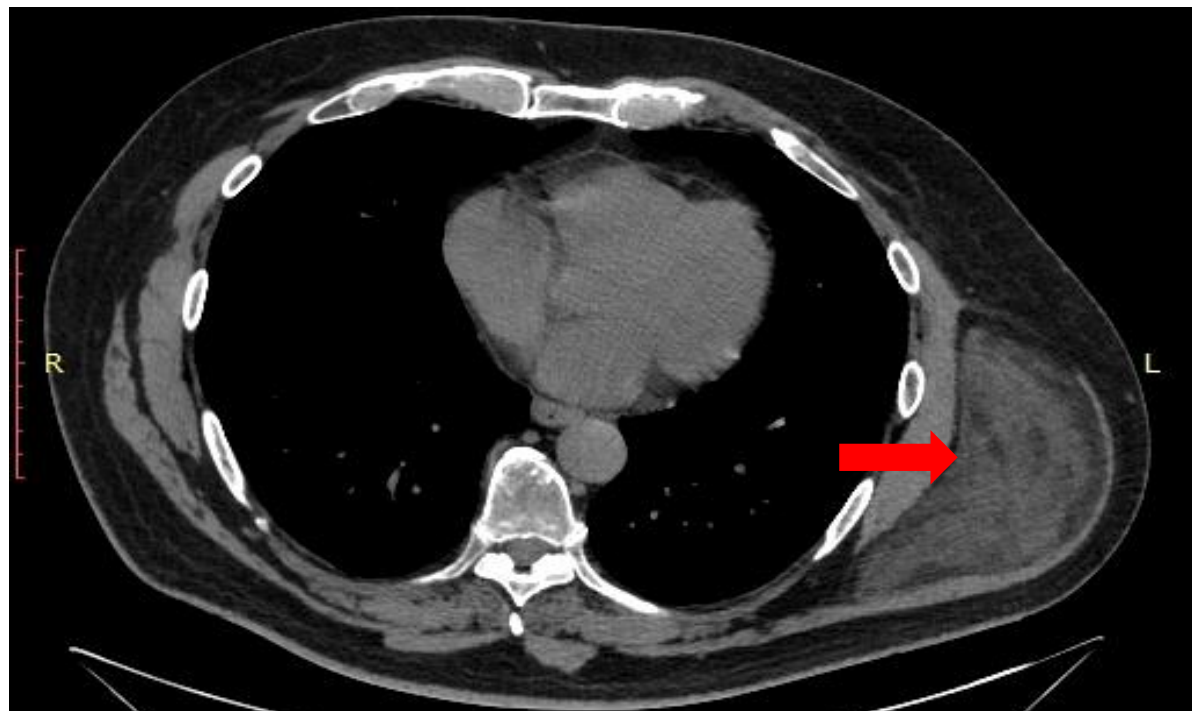
Lipoma and well-differentiated liposarcoma are well-circumscribed mesenchymal tumor which originate from adipose tissue. Mediastinal lipoma and liposarcoma are rare tumors of the mediastinum, which mainly occurred in the anterior mediastinum, and constituted **1.6–2.5% of primary mediastinal tumors**.

Case report:

An elderly male patient presented with a **swelling under the left shoulder blade since 3-4 months**, which gradually increased in size. It was **painless** and not associated with any other complaints.

Inspection - Swelling was localized under left scapula, smooth surface, overlying skin normal, no scars and sinuses, moved with respiration, non-pulsatile, no dilated veins seen

Palpation - No tenderness, no local rise in temperature, **soft in consistency, non-fluctuant, painless**.

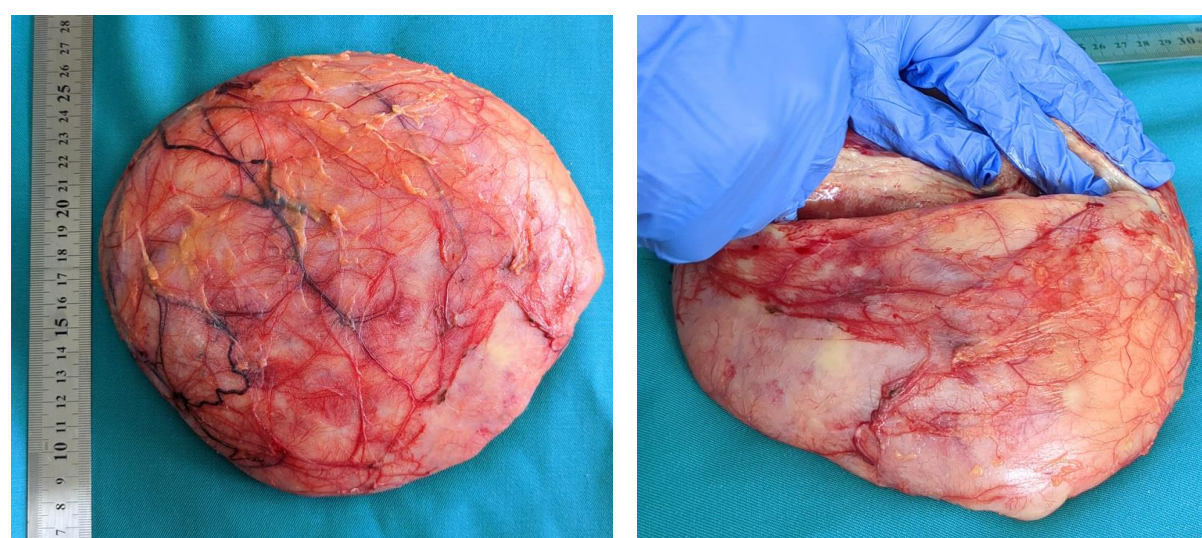


CT and MRI of the left scapular area revealed a **large encapsulated hetero-intense formation** of size 18cm x 8cm x 15cm. The **surrounding chest wall, left lung and the mediastinum did not show any pathological changes on imaging, so it was suspected to be a benign mesenchymal tumor**.

Surgical excision was done. The latissimus dorsi muscle was cut, following which the tumor was seen lying over the ribs, laterally and slightly below the scapula. The tumor was excised intact along with the capsule.



Macroscopically it was a huge tumor of size 17cm x 13cm, yellowish-white in color and dense-elastic consistency covered with a thin fibrous capsule. Histopathology revealed mesenchymal neoplasm with atypical adipocytes and stromal cells. Morphological picture of a well differentiated liposarcoma.



Discussion:

Liposarcomas account for **15% of soft tissue sarcomas**. Liposarcoma is the second most common soft tissue sarcoma in adult life. Liposarcoma is frequently seen in the deep muscle of the extremities (75%) and in the retroperitoneum (20%). The remainder was divided between the head and neck, groin, spermatic cord, and miscellaneous areas.

There are five histological types of liposarcomas: well-differentiated, mucus, dedifferentiated, pleomorphic, and round cell. **Well-differentiated liposarcoma is the most common type of liposarcoma**, which can be further classified into three types: lipoma-like, sclerosis, and inflammatory. **Sometimes it is difficult to differentiate lipoma and lipoma-like well-differentiated liposarcoma**, especially when the tumor is giant in size. It is usually seen in the sixth and seventh decades of life. It does not show any gender predisposition. Complete surgical resection is the preferred first-line treatment, because neither lipoma nor liposarcoma are responsive to chemotherapy or radiotherapy.

Conclusion:

It has a high tendency of being misdiagnosed as a benign formation, owing to the absence of its invasion to the adjacent structures. In this report we have emphasized the **role of surgical decision making from adequate diagnosis to the management** based on it.