CR65
Recurrent retroperitoneal dedifferentiated liposarcoma

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DOI: https://doi.org/10.26800/LV-144-supl2-CR65

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Keywords: Anthracyclines, Docetaxel, Gemcitabine, Liposarcoma, Radiation Tolerance

INTRODUCTION/OBJECTIVES: Liposarcomas (LPS) are malignant tumors deriving from the adipocytic differentiation process. They are divided into four subtypes of LPS – well-differentiated (WDLPS), dedifferentiated (DDLPS), myxoid (MLPS), and pleomorphic (PLPS). Regarding histological subtype and molecular pathology, tumors have different recurrence rates, radiosensitivity, and chemosensitivity, representing a challenge to every physician involved in their treatment decision. DDLPS commonly appears as a focal outgrowth of a WDLPS lesion.
CASE PRESENTATION: An 82-year-old male was readmitted to our facility after the positron emission tomography-computed tomography (PET-CT) showed a 7x4,5 cm anteriorly positioned recurrent abdominal mass. He had three prior surgeries - two in Greece in 2020 and one in our facility in 2021 and was oncologically monitored afterward. The patient has previously received 16 cycles of anthracycline chemotherapy (docetaxel/gemcitabine) followed by tumor extirpation in 2020. The pathohistology of a 12,5x12x6,2 cm nodular tumorous mass in 2021 showed atypical mesenchymal cells with a hyperchromatic nuclei corresponding to a DDLPS. In addition, pleomorphic adipocytes with the individual hyperchromatic nuclei were found on the edges, corresponding to a WDLPS. Molecular pathology showed amplification of the MDM2 gene – one of the cancer-related genes. A tumorous mass in the upper hemiabdomen and diffusely located nodules were removed during the most recent surgery in 2022.
CONCLUSION: When treating retroperitoneal LPS, peri- and postoperative management, as well as surgical procedures, should be decided on a case-by-case basis. A multidisciplinary team consisting of specialists is crucial for better patient outcomes and life quality.

CR66
Renal denervation as a terapeutic modality in a patient with resistant hypertension

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DOI: https://doi.org/10.26800/LV-144-supl2-CR66

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Keywords: renal denervation, resistant hypertension, type 2 diabetes

INTRODUCTION/OBJECTIVES: Resistant hypertension (HTN) is defined as blood pressure (BP) that remains above 140/90 mmHg despite the administration of three antihypertensive medications, including a diuretic. The sympathetic nervous system (SANS) overactivity has been proven to contribute to the development and maintenance of resistant hypertension. Renal denervation (RDN) produces inhibition of the SANS by ablating nerves distributed in the intima of renal arteries and could be a therapeutic option for resistant HTN.
CASE PRESENTATION: We present a 54-year-old woman with type 2 diabetes (T2D) and resistant HTN lasting for more than 30 years. She was first admitted to the emergency department in July 2013 due to the hypertensive urgency. At that point she was taking six antihypertensive drugs: urapidil, lercanidipine, valsartan, hydrochlorothiazide, nebivolol and torasemide. Despite the medications, her average BP on examination was 178/101 mmHg (the maximum BP recorded was 240/140 mmHg). RDN was indicated and performed in January 2017. After few months, the beneficial effect of RDN on BP was shown with average values 141/91 mmHg. During the follow-ups over last 4 years, HTN is being monitored and well controlled at values 137/77 mmHg with continued antihypertensive therapy. The patient also regularly treats other comorbidities like T2D, chronic kidney disease (CKD), obesity and hyperlipidaemia.
CONCLUSION: RDN is an effective and safe procedure for resistant hypertension. The goal is not a complete withdrawal of antihypertensive medications, but it helps with lowering the cardiovascular morbidity and mortality. Patients with type 2 diabetes and CKD may be the target population that would benefit from RDN.