Giant Ulcerated Pleomorphic Liposarcoma of the Chest Wall

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Abstract: Liposarcomas most often originate in the extremities and on the retroperitoneum. Primary malignant soft-tissue sarcoma of the chest is a rare entity. Most of them are low grade, and complete surgical excision is the preferred therapeutic choice. Like most cancers, the incidence of liposarcoma increases with advancing age, and subtotal resection is considered a palliative surgical procedure. The benefit of adjuvant radiotherapy or chemoradiotherapy for these tumors remains controversial.

Key Words: Pleomorphic liposarcoma, Thoracic wall, Surgery, Local recurrence.

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A 63-year-old woman with a 2-year history of a rapidly enlarging, painless mass of the thoracic wall was referred to our institution for appropriate treatment. She had a past history of childhood-onset schizophrenia treated with risperidone and olanzapine. Physical examination revealed a large, tender mass of chest wall that had broken through the skin and would bleed easily (Figure 1). At the time of referral, she was living with her family and was deemed to have good family support, but, unexpectedly, they waited until the tumor began to bleed before seeking a medical consultation.

Magnetic resonance imaging revealed a large, solid, cystic mass of the thoracic wall; it had a lobulated shape, with many septations. This voluminous mass measured 32 × 20 × 12 cm and mainly occupied the left scapular region (Figure 2). Our clinical suspicion was a soft-tissue sarcoma, and the patient underwent surgery.

Surgical intervention revealed a large, solid, cystic, polilobulated mass with large areas of destruction, with clots and necrosis. The tumor was resected with the dorsal skin overlying the tumor. Histological examination of the specimen revealed a pleomorphic liposarcoma.

The patient’s postoperative course was uneventful, and she did not receive any adjuvant therapy. Five months later, a small, local recurrence was diagnosed by computed tomography scan and was confirmed surgically. A new, local recurrence was detected on routine follow-up 8 months after...
the first intervention. The patient was reoperated again and is currently waiting for radiotherapy to prevent a new, local recurrence.

Liposarcoma is one of the most common soft-tissue sarcomas and has a number of different subtypes: well differentiated, dedifferentiated, myxoid/round cell, and pleomorphic.

The pseudoencapsulated lesions that can be completely removed have a better prognosis than do the noncapsulated and less well-differentiated tumors, such as pleomorphic variants.

Pleomorphic liposarcoma represents the rarest of lipomatous malignancies, accounting for no more than 5% of all liposarcomas. It usually occurs in patients in or after the sixth decade of life. It slightly predominates in men, and the lower extremity, particularly the thigh, is the most frequent location, followed by the upper extremity and the retroperitoneum.1 Unusual sites affected include the mediastinum, paratesticular area, scalp (and other subcutaneous sites), abdominal cavity, pelvic cavity, orbit, and thorax.2,3

Most primary chest-wall soft-tissue sarcomas (70%) are low grade,4 and complete surgical excision is the preferred therapeutic choice. Our case is unusual in the large presenting size and in the chest wall as a location of a pleomorphic liposarcoma.

REFERENCES