



CASE BRIEF

Name: [REDACTED]
Age: 61 years, Male
Address: [REDACTED]
Contact No: [REDACTED]
UHID No: [REDACTED]
Diagnosis: Recurrent Abdomino-Pelvic Undifferentiated Liposarcoma
Date of Diagnosis: 2018
Ref by: Dr. Bassim
Surgery/Surgeons: Dr. Pramod S Chinder & Dr. Suraj
Dr. Raghunath, Dr. Jagannath Dixit and Dr. Indushekar.
Date of Surgery: 23/08/2022 and 25/08/2022

BRIEF SUMMARY OF THE EVENTS:

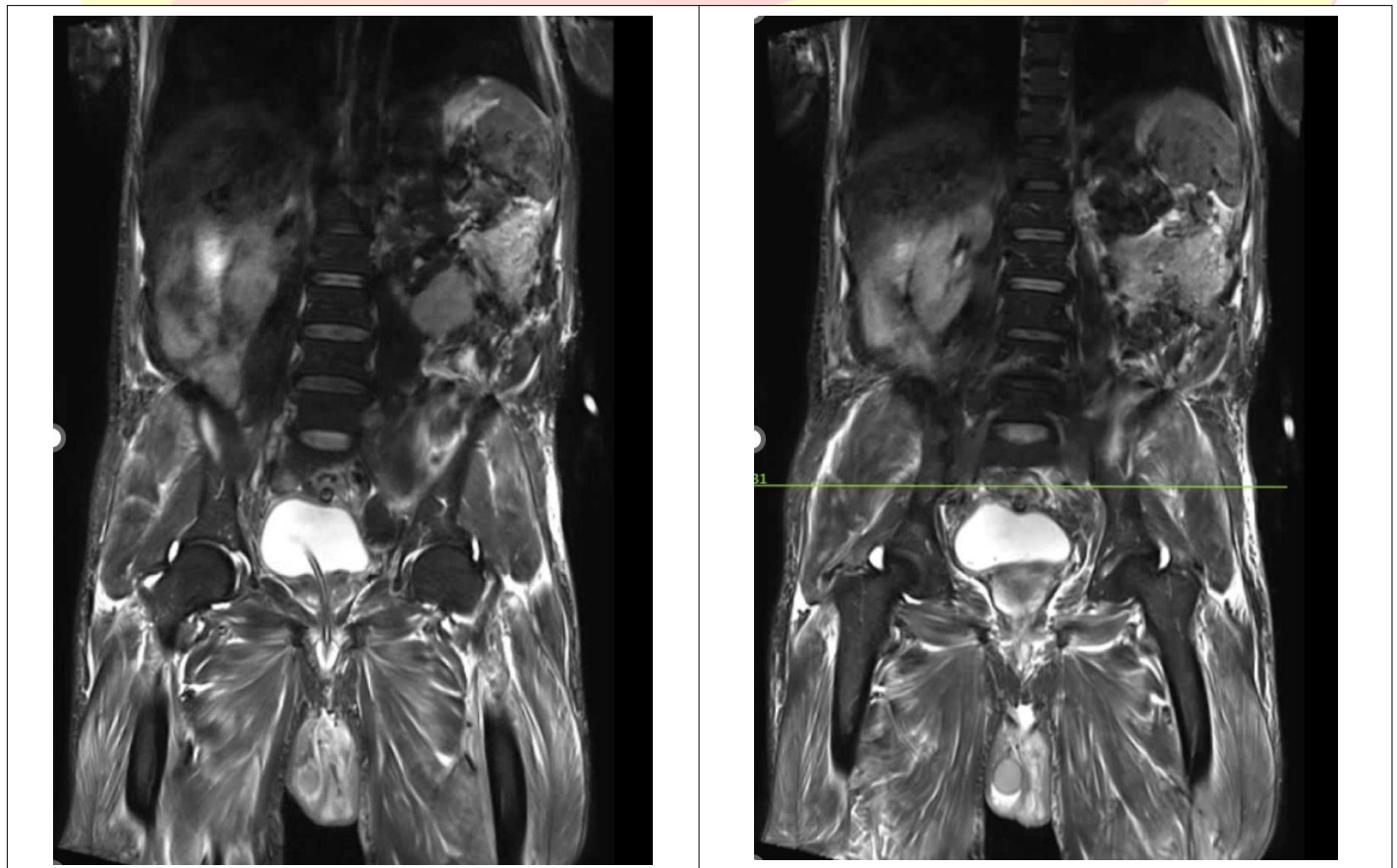
DATE	EVENTS	FINDINGS
2018	K/C/O abdominopelvis - Liposarcoma.	First diagnosed.
2018	After the diagnosis, the patient from his home country (Oman) was sent to Thailand for further evaluation and treatment. In October 2018, the patient underwent Exploratory Laparotomy and Closure where an attempt was made to resect the tumor, but was abandoned in view of extensive nature and spread of the disease. Following surgical attempt, the patient was sent back to his home country for further management.	
Apr 2019	He first received chemotherapy (1 st line with INJ. DOCETAXEL + INJ. GEMCITABINE) and continued the same for about 2-3 months following which chemotherapy was stopped in view of complications. No further treatment was sought for the next 8 to 10 months.	

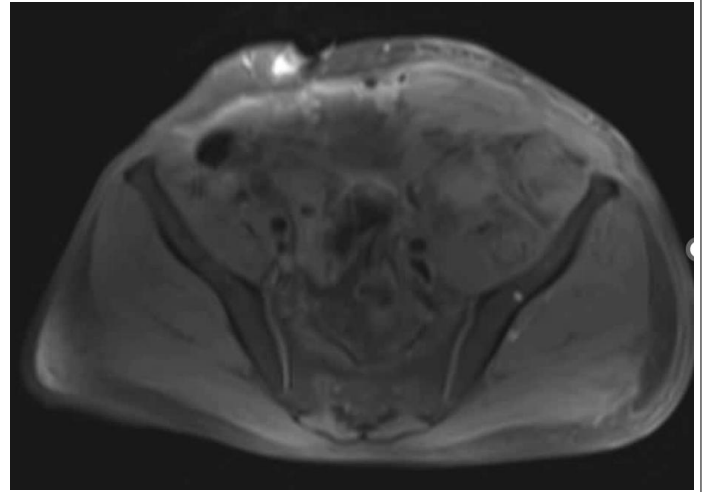
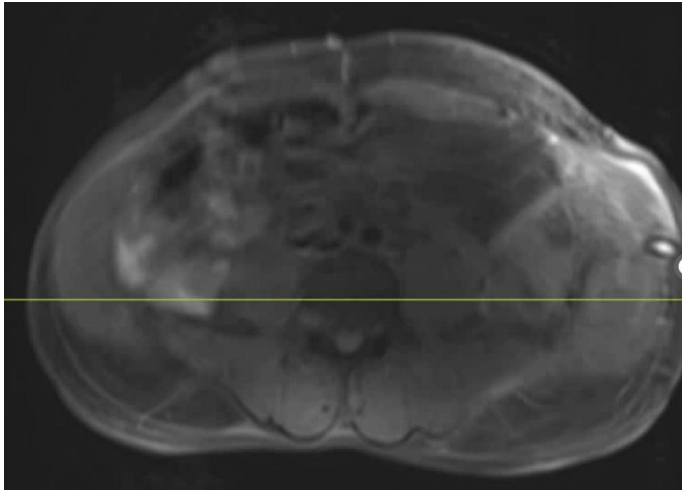


2020	<p>He was again started on chemotherapy (2nd line chemotherapy with INJ. ERIBULIN + INJ. CISPLATIN) and again the chemotherapy cycles could not be completed.</p> <p>During this course, the tumor progressed in size and extent.</p>	
Apr 2021	<p>He again went back to the oncologist and he was started on TAB. PAZOPANIB as surgery and further chemotherapy was not suggested. The patient took PAZOPANIB on and off for the next 8 months during which it had to be stopped at multiple intervals in view of complications due to medication.</p> <p>For the past 6 to 8 months, the patient complaints of increased pain in the left abdomen and pelvis, progression of the swelling in the left abdomen, pelvis and scrotum and difficulty in performing activities of daily living like walking, sleeping etc. Due to the pain and swelling in the pelvis and scrotum, the patient also has difficulty in sitting for prolonged duration and lying either supine or in left lateral position. These complaints have been progressing since the past 6 months.</p> <p>The patient is also not on any active medication since the past 6 to 8 months and was referred to us.</p>	
4 th Aug 2022	MRI Scan	Suggestive of retroperitoneal liposarcoma.
4 th Aug 2022	PET CT Scan	<p>Recurrent Liposarcoma- 53 x 22 x 15 cm large heterogeneously enhancing abdominopelvic mass lesion.</p> <p>No pulmonary nodules.</p>
<p>MDT Discussion: The case was extensively discussed in the presence of sarcoma surgeon (Dr. Pramod and team), Uro Oncology Surgeon (Dr. Raghunath and team), GI Onco and team (Dr. Jagannath Dixit and team) and radiologist (Dr. Shivakumar and team).</p> <p>After reviewing the scans, the lesion was deemed operable, however considering the extent of the lesion, the surgery would carry increased risk of morbidity and also slight possibility of intraoperative or postoperative morbidity.</p>		
22 nd Aug 2022	Procedure	Colonoscopy
22 nd Aug	Procedure	Pre op tumor embilization

2022		
23 rd Aug 2022	Surgery (Dr. Pramod Chinder and team/ Dr. Raghunath and team/ Dr. Jagannath Dixit and team)	DJ Stenting + Tumor excision + U/L Orchidectomy
25 th Aug 2022	Surgery (Dr. Pramod Chinder and team/ Dr. Raghunath and team)	Excision of the remaining tumor
1 st Sept 2022	Post Op MRI	There are 2 foci of lesion in the abdomen (in the subdiaphragmatic region and around the external iliac vessels).
7 th Sept 2022	HPE Report IHC Report	Undifferentiated Liposarcoma. The tumor cells are positive for S100, MDM2, p16 and CD34 (focally)

MRI IMAGES: 04/08/2022

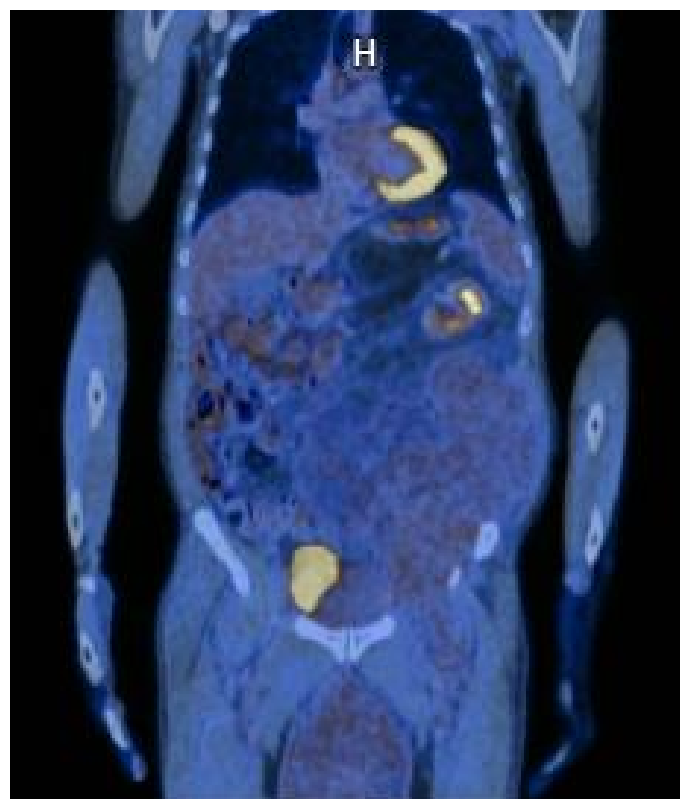
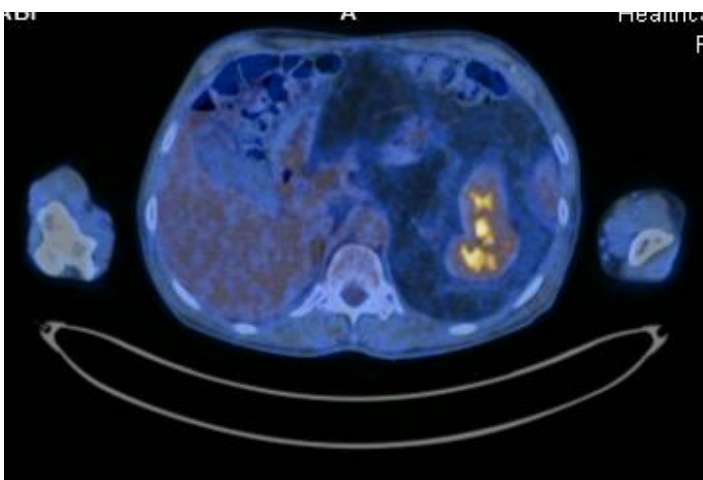


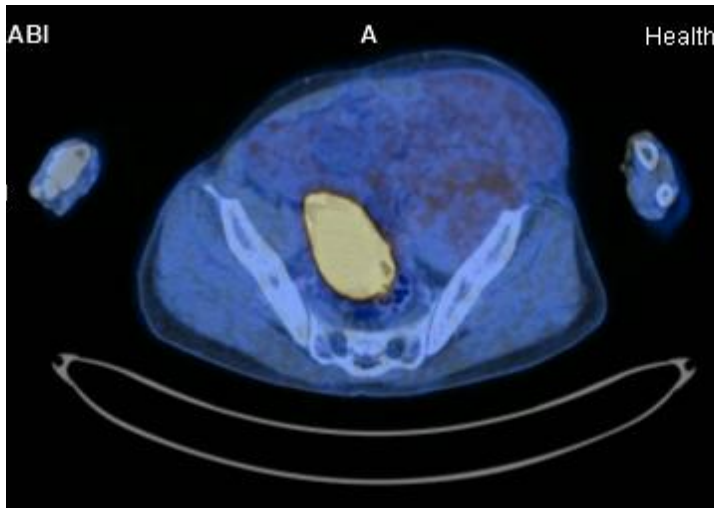


Findings: MRI OF NECK, THORAX, ABDOMEN AND PELVIS WITH CONTRAST

- | | |
|---|---|
| 1 | 23 x 16 x 60 cm heterogeneous moderately enhancing left retroperitoneal fat containing mass lesion extending from the left subdiaphragmatic region into the pelvis and left scrotal sac, completely encasing the left kidney and left adrenal gland, encasing the distal left external iliac and common femoral vessels, infiltrating the left lateral and inferior anterior abdominal wall with mass effects as described above – suggestive of retroperitoneal liposarcoma. |
|---|---|

PET CT IMAGES: 04/08/2022





Findings:

1	53 x 22 x 15 cm large heterogeneously enhancing abdominopelvic mass lesion with central fatty attenuating areas and solid components epicentered in the retroperitoneum and left perinephric region with extension to the left hemipelvis and scrotal sac.
2	Encasement of the left kidney, left renal vessels and left proximal and mid ureter and associated left hydronephrosis.
3	Narrowing and infiltration of the left iliac vein and narrowing of the iliac artery.
4	Left testis is not separately visualized from the lesion.
5	Few prominent retroperitoneal and pelvic lymph nodes.
6	No pulmonary nodules in the current study.
7	Abdominopelvic mass lesion SUV: 3.6 Left inguinal lymph nodes SUV: 5.4

CT: 20/08/2022

Findings: CT ANGIOFRAM FROM THORAX TO PELVIS

Compared with prior PET CT study dated 04.08.2022.

1	No evidence of pulmonary thromboembolism.
2	Re-demonstration of large heterogeneously enhancing abdominopelvic mass lesion with central fatty attenuating areas and solid components epicentered in the retroperitoneum and left perinephric region with extension to the left hemipelvis and scrotal sac. Encasement of the left external iliac vessels.
3	Bilateral single renal arteries with no significant luminal narrowing.
4	Encasement of the left kidney, left renal vessels left adrenal and left proximal and mid ureter.
5	Relatively stable prominent retroperitoneal and pelvic lymph nodes. No pulmonary nodules in the current study.

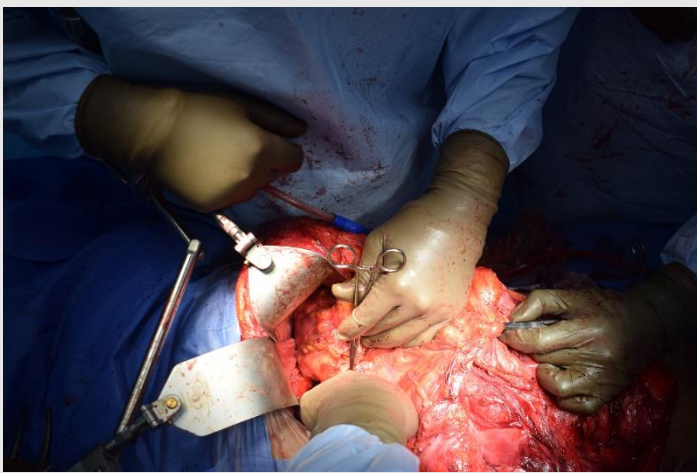
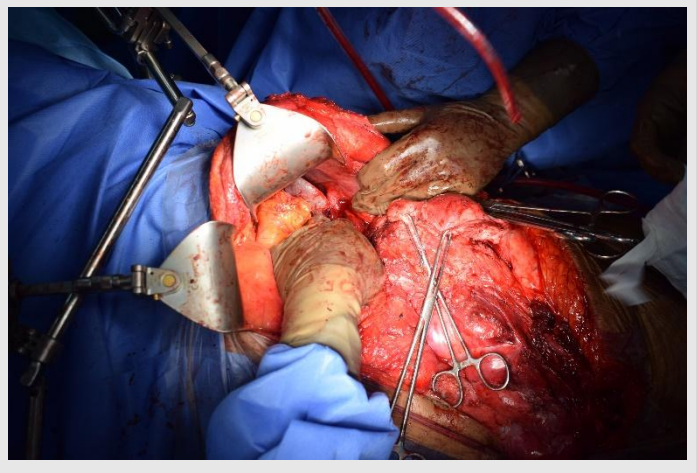
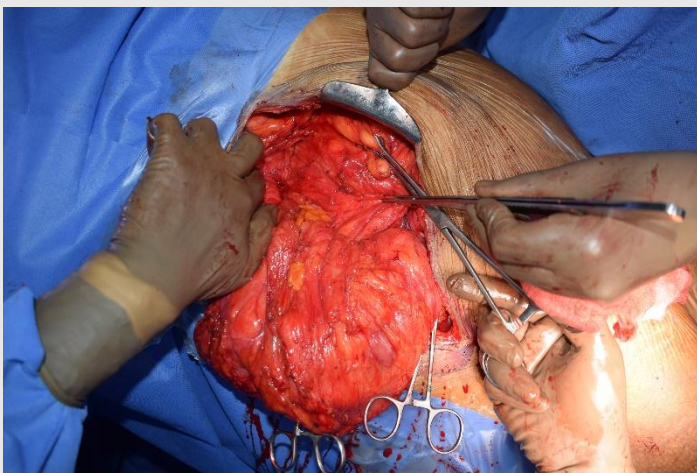
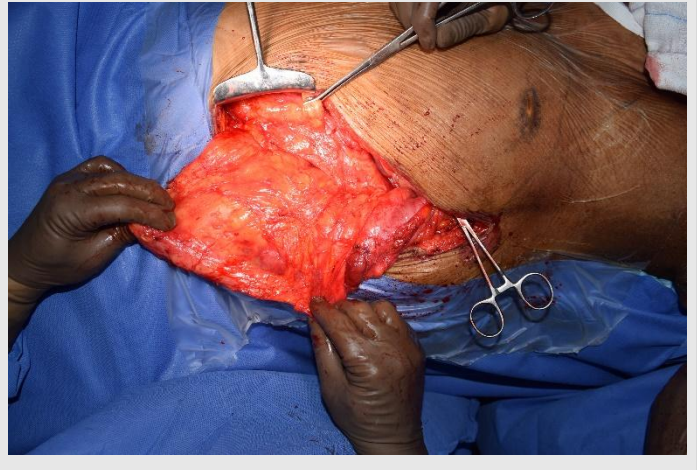
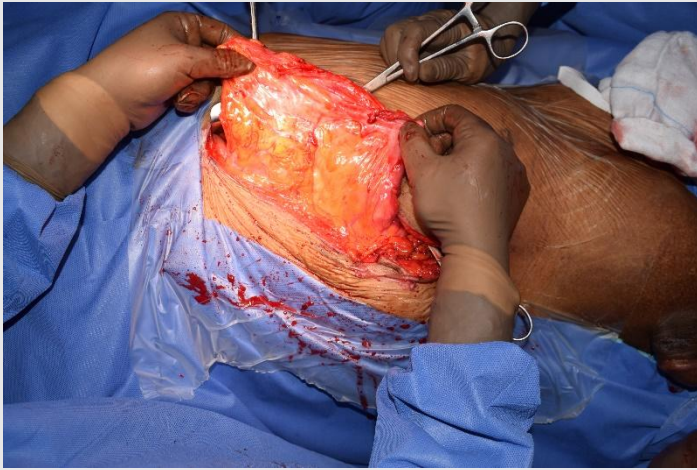
PRE-OPERATIVE TUMOR EMBOLIZATION: 22/08/2022

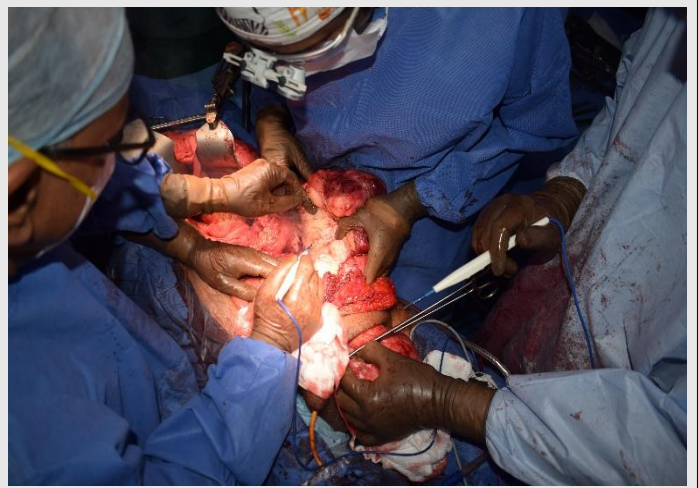
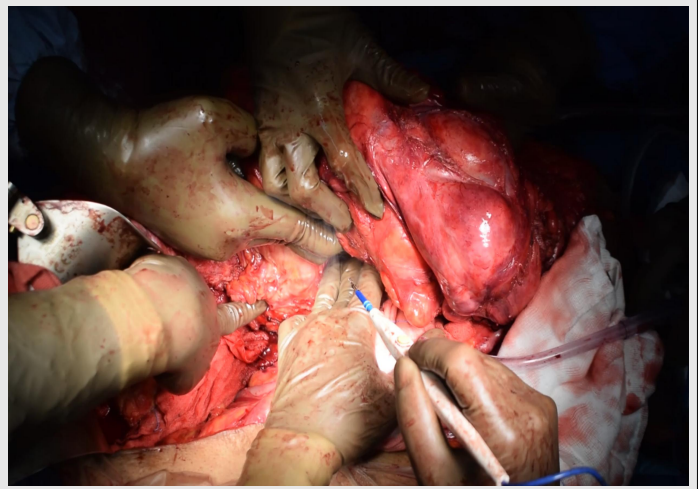
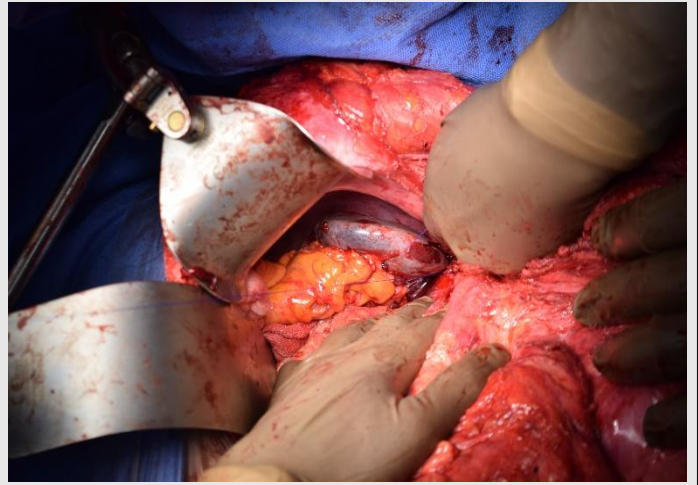
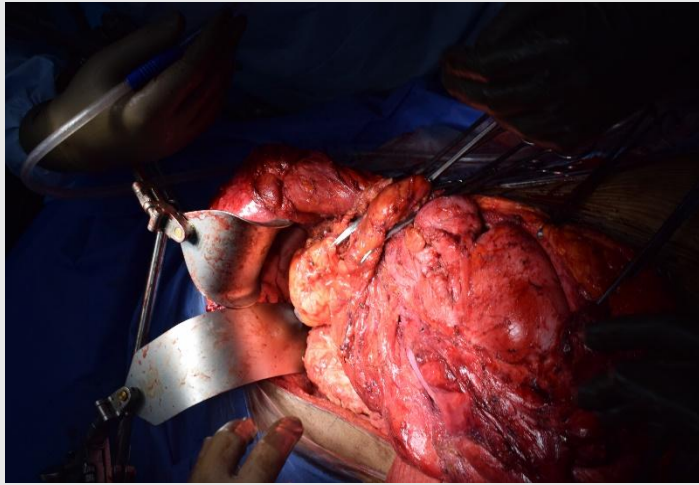
Findings:

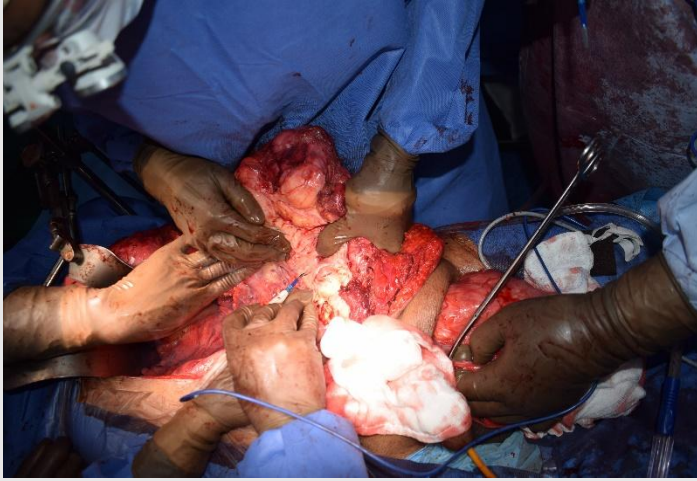
1	Patient first underwent a colonoscopy to see for the bowel and rectum. It was deemed healthy and un-involved.
2	He underwent Pre-operative Embolization on 22/08/2022 and all feeder vessels were blocked. Procedure was uneventful.

OPERATIVE IMAGES: 23/08/2022







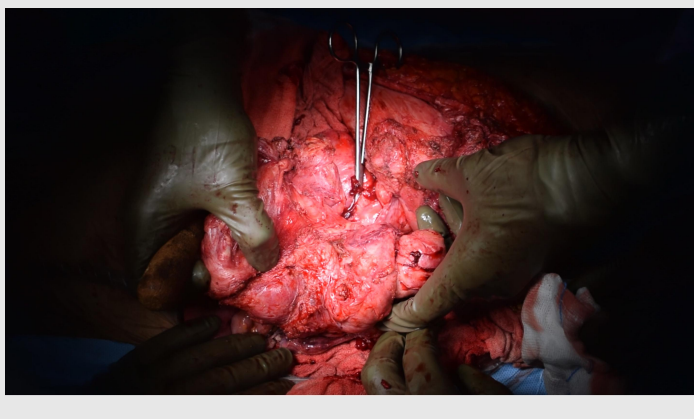
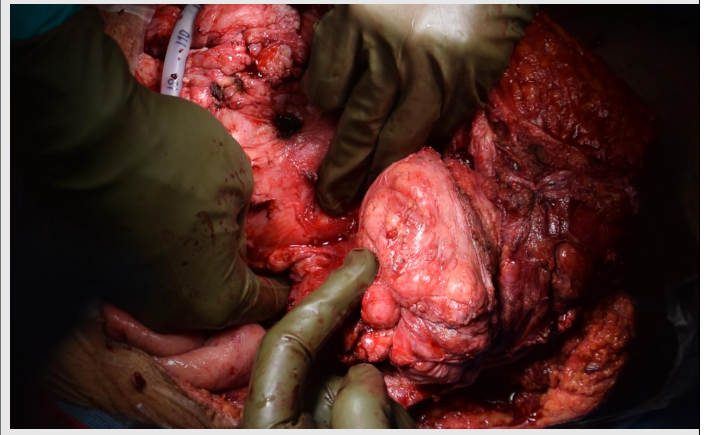
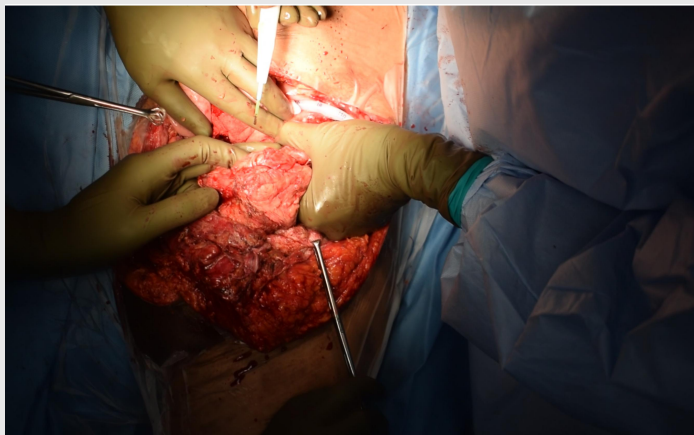
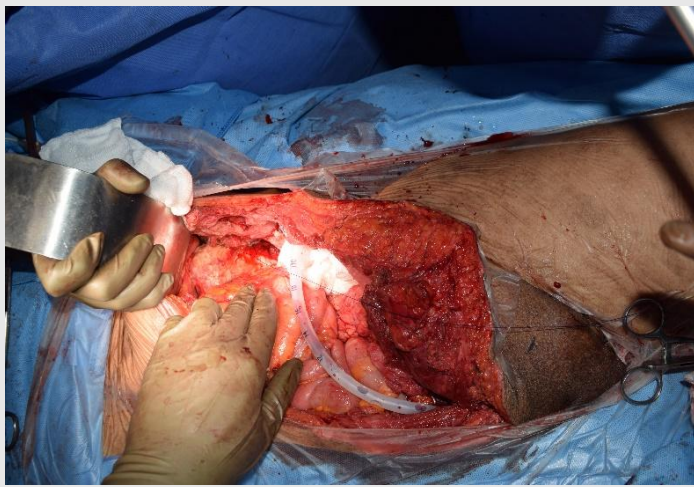
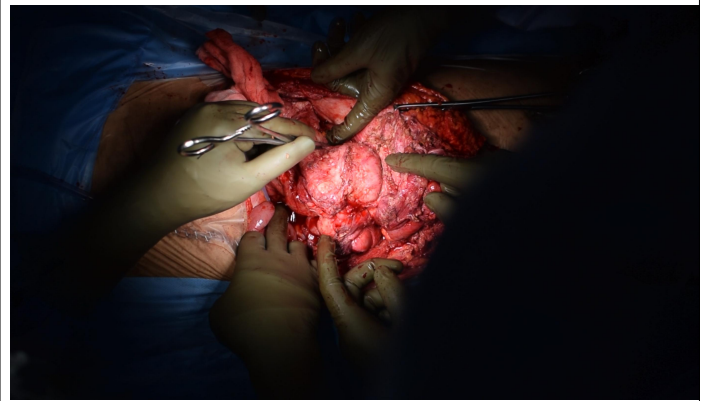


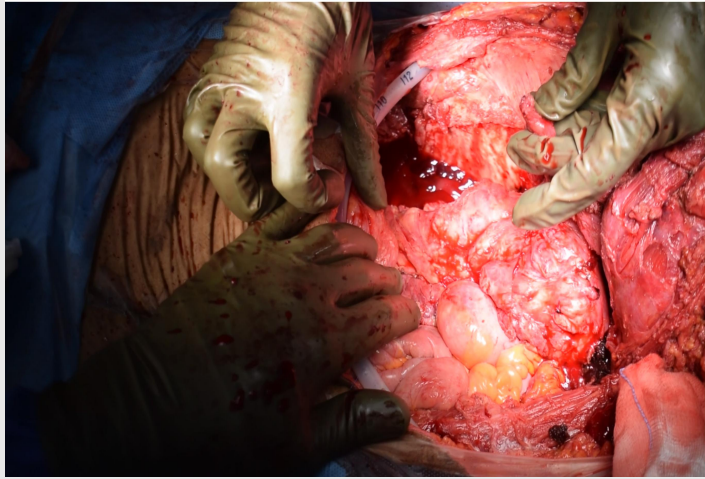
Day 3 -DJ Stenting + tumor excision





OPERATIVE IMAGES: 23/08/2022





D4-Piecemeal tumor excision



Findings:

- | | |
|---|---|
| 1 | The patient was taken up for DJ Stenting + Major Tumor Excision + U/L Orchiectomy by the respective teams. |
| 2 | A midline T-shaped incision was taken at the abdomen and the left kidney was dissected out and protected. During the procedure the patient had massive blood loss |

	and was not maintaining his vitals, so tumor bulk was removed, closure done and packed with an abdominal mop. He was shifted to the ICU and stabilized.
3	He was taken up again on 25/08/2022 for repeat surgery and remaining Tumor Excision was done around the pelvis. He was stabilized and shifted to the ICU. Patient shifted to ward on POD3 and mobilized. Dressings done were healthy and all drains removed.
4	Patient gives significant improvement in ability to perform activities of daily living after the surgery. His appetite, bowel habits, extent of ambulation and body weight has considerably increased following procedure. He is pain free, performing most of his routine activities independently.

POST OP MRI: 01/09/2022

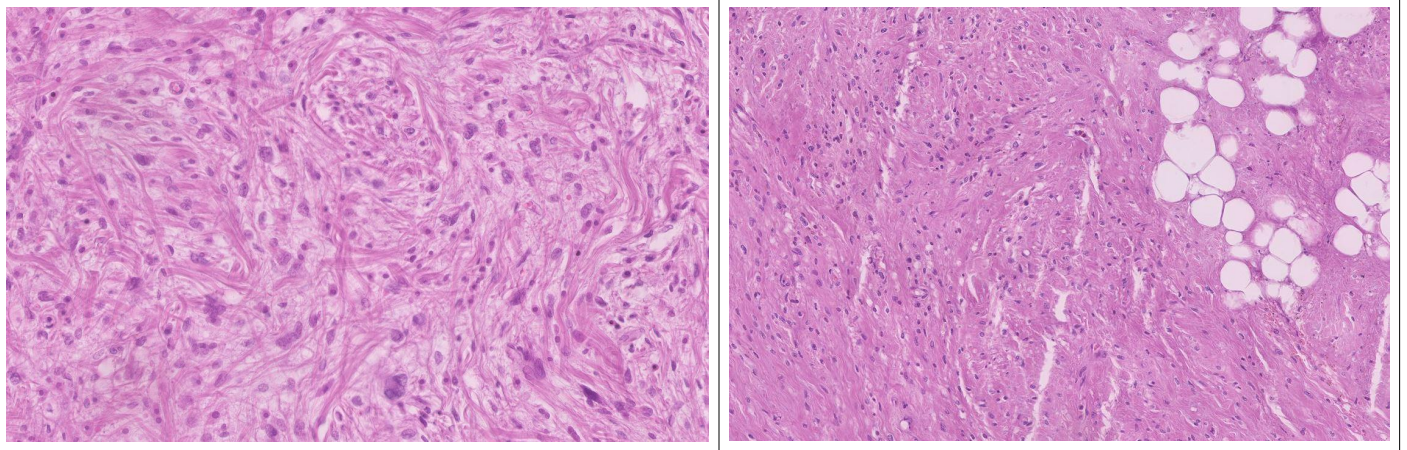
Compared with prior MRI study dated 24.08.2022

Findings:

1	Status post partial resection of left retroperitoneal and scrotal sac mass with interval excision of intrascrotal component.
2	Residual components in left upper abdomen and in left pelvis encasing the iliac vessels.
3	There is evidence of residual mass along the gastrosplenic ligament displacing the stomach anteriorly, pancreas and splenic flexure of colon inferiorly.
4	The splenic flexure and descending colon are encased by the soft tissue. The left kidney is displaced infero-laterally. The residual component measures 14 x 12.4 x 23cm. 7mm simple cyst is seen in the interpole of right kidney.
5	Status post partial resection of residual pelvic mass lesion infiltrating the iliopsoas extending into the scrotal sac with interval left orchiectomy.
6	Heterogeneously enhancing soft tissue with T2 hypo and hyperintensities noted encasing the left external iliac vessels, now measuring 8.9 x 6.5cm.



HISTOPATHOLOGY IMAGES :07/09/2022



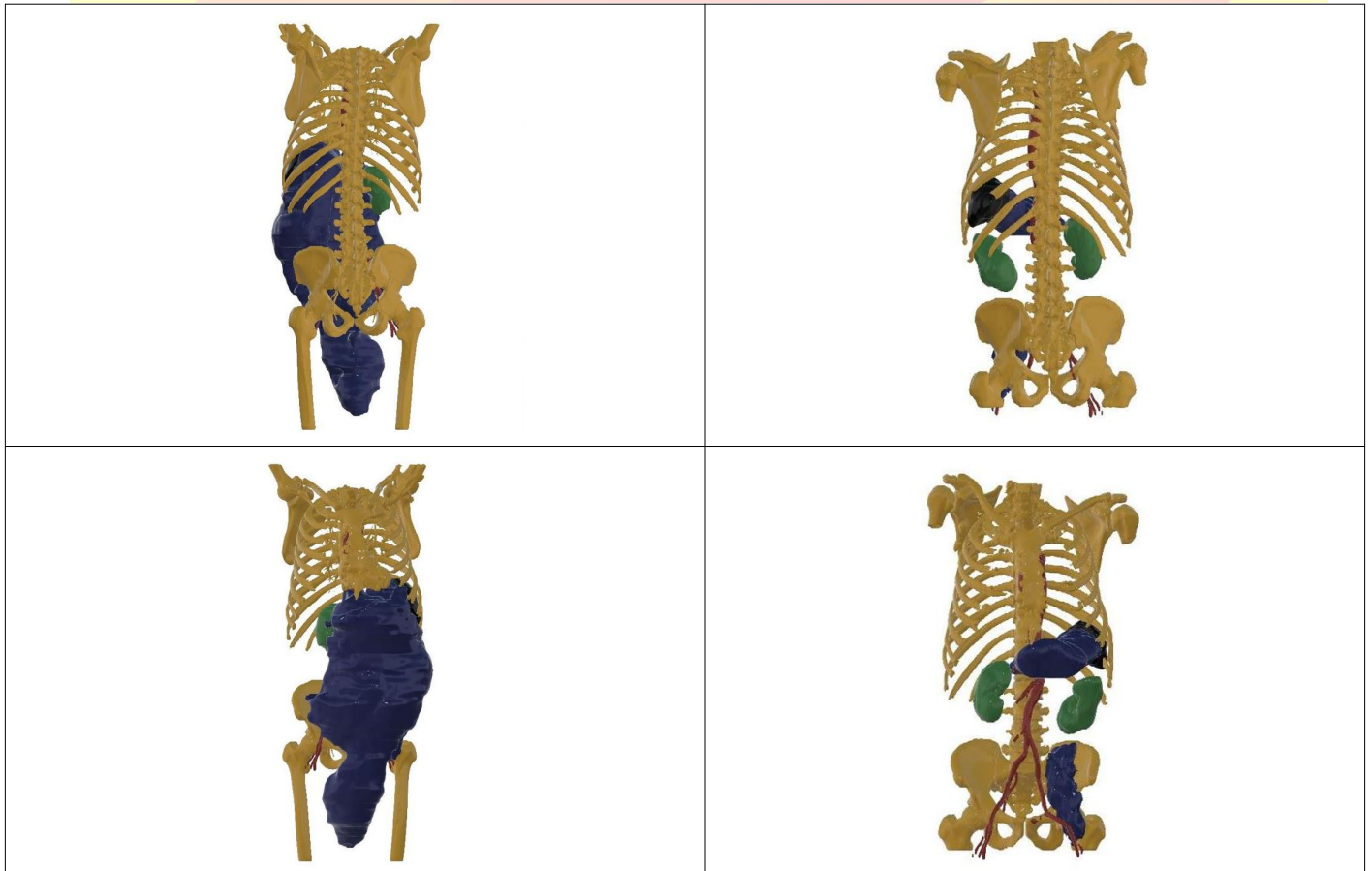
Findings:

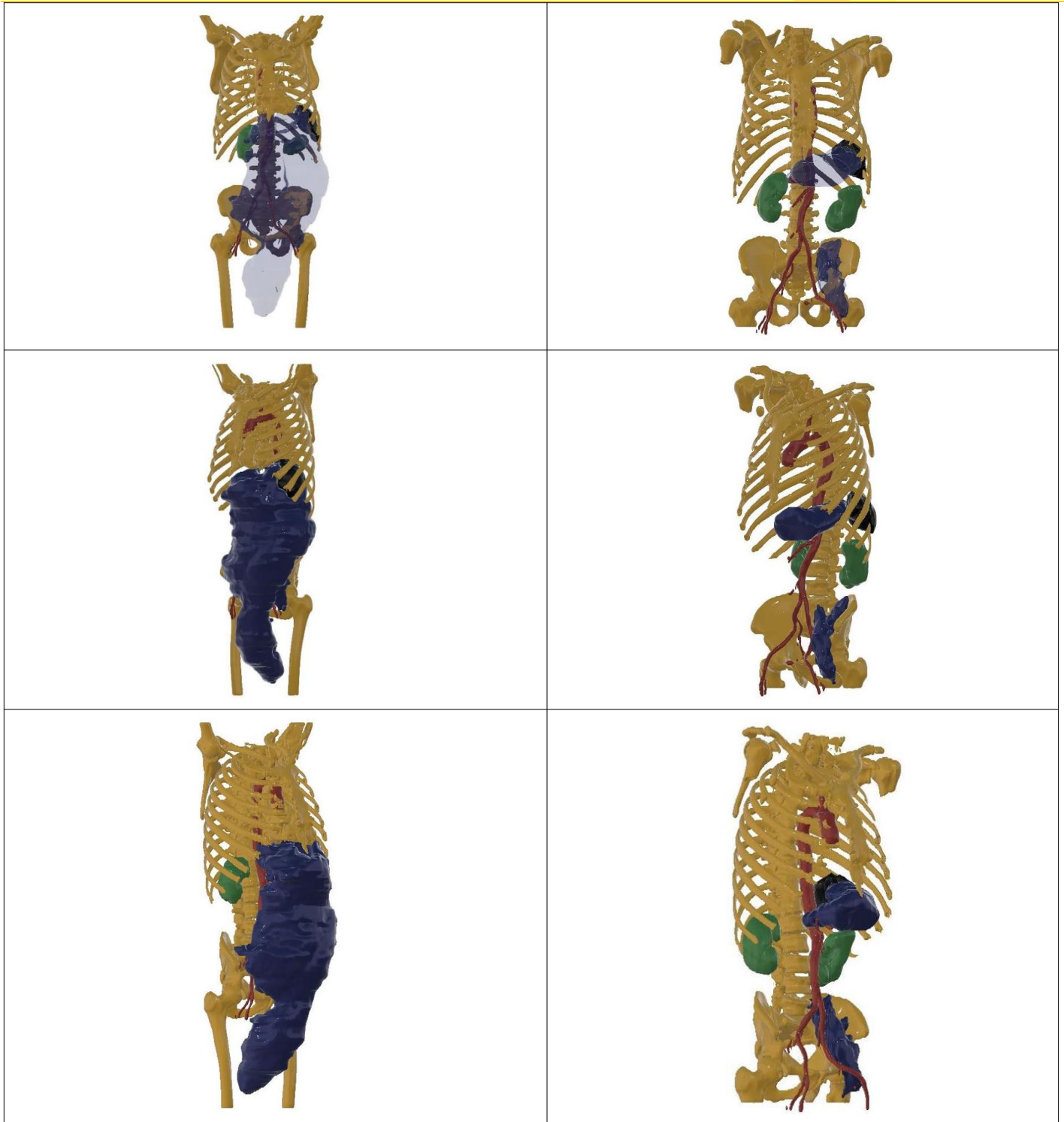
1	Features are of well differentiated Liposarcoma.
2	IHC: The tumor cells are positive for S100, MDM2, p16 and CD34 (focally)

3D PLANNING IMAGES:

PRE-OP

POST-OP





1

Colors: Yellow- Skeleton, Blue- Tumor, Green- Kidneys, Black-Spleen, Red-Artery.

PROPOSED RECOMMENDATION AS DISCUSSED IN TYR MULTIDISCIPLINARY SARCOMA TUMOUR

BOARD:

1	<p>Plan: Post operative MRI of the abdomen and pelvis was performed. There are 2 foci of lesion in the abdomen (in the subdiaphragmatic region and around the external iliac vessels). The post op HPE specimen is suggestive of Well differentiated Liposarcoma. The case was then discussed in the Sarcoma MDT. He was advised full Genome panel to look for actionable mutations for targeted therapy. He was also advised Inj. Trabectedin and CDK4 inhibitors (Palbociclib).</p>
2	<p>Possibility of adjuvant RT was also discussed, but since the tumour bed was extensive, it was decided that the lower dose that can be delivered would not be of significant benefit, hence deferred. Patient is advised close follow-up, and if the general condition improves and the residual lesion is found to be stable and operable after 3-6months, he can be considered for repeat resection; considering his non-metastatic nature of presentation.</p>
3	<p>To review once in 3 months for every 2 years and for every 6 months for next 3 years.</p>

OUR MDT TEAM MEMBERS:

NAME	DESIGNATION
Dr.Pramod Chinder	Consultant Orthopaedic Oncosurgeon
Dr Suraj H P	Orthopaedic Oncosurgeon
Dr. Anto	Fellow-Orthopedic Oncology
Dr. Amar	Fellow-Orthopedic Oncology
Dr. Kunal	Consultant Oncopathologist
Dr. Aparna	Consultant Oncopathologist
Dr. Imran	Consultant Oncopathologist
Dr. Shivakumar	Consultant Radiologist
Dr. Kumaraswamy	Consultant Radiation Oncologist
Dr. Vikram Maiya	Consultant Radiation Oncologist
Dr. Vijay Agarwal	Consultant Medical Oncologist



OUR TEAM MEMBERS:

NAME	DESIGNATION	CONTACT NUMBER
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Dr. Anto	Fellow- Orthopaedic Oncology	
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Ms. Tejashvini Anchan	Secretary	9535832969 – 7996907996
Mrs. Kavya	MSW	9632971901
Mrs. Veena	Coordinator	9148663925

Prepared by: Tejashvini.

Checked by: Dr.Pramod.S.Chinder