Pelvic Retroperitoneal Liposarcoma Diagnosed by Preoperative Imaging Studies

Takashi Shibuya¹, Akihiro Mori¹, Nobutoshi Fushimi¹, Noritsugu Ohashi¹, Takako Maruyama¹, Hiroshi Inoue¹, Shoudou Takegoshi¹, Toyoharu Yokoi² and Masataka Okuno¹

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We have encountered a 69-year-old man with pelvic retroperitoneal liposarcoma diagnosed preoperatively by image analyses. He had a hard immovable mass in the left lower abdomen. No abnormality was observed in laboratory examinations including tumor markers. Barium enema showed a dislocation of the descending colon presumably

¹Department of Internal Medicine, Inuyama Chuo Hospital, Inuyama and ²Department of Clinical Preventive Medicine, Nagoya University School of Medicine, Nagoya

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Correspondence to Dr. Masataka Okuno, mokuno@inuyamachuohospital.or.jp

Picture 1. A, Barium enema showed dislocation of the descending colon (arrows). B, Ultrasoundography depicted a high-echogenic mass with low-echoic crescent. C, Computed tomography with contrast enhancement represented a slightly enhanced mass with low-density crescent (arrow). D, T1-weighted magnetic resonance image (MRI) demonstrated low-intensity mass with high-intensity crescent (arrow). E, Both components (arrow) demonstrated high-intensity on T2-weighted MRI. F, Macroscopic appearance of surgically resected tumor. G, Histological observation of the specimen was compatible with pleomorphic liposarcoma.
pushed out by the tumor (Picture 1A). Ultrasonography depicted a heterogenously hyperechogenic mass surrounded by a hypoechoic crescent lesion with a diameter of 8 cm (Picture 1B). Computed tomography with contrast medium showed an irregularly enhanced tumor and its surrounding low-density crescent with a capsule (Picture 1C). T1-weighted magnetic resonance image represented a low-intensity mass and a high-intensity crescent (Picture 1D), whereas both components demonstrated high-intensity on the T2-weighted image (Picture 1E). Lumbar arteriography demonstrated slight tumor staining without vascular encasement. Those images represented unique features of an adipose tissue originating tumor consisting of multiple components, suggesting pleomorphic liposarcoma (1, 2), which was confirmed pathologically by the resected specimen (Picture 1F, G). The patient has been well at home for 16 months after operation.

References


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