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ULCERATED PLEOMORPHIC SARCOMA IN THE ABDOMINAL WALL: CASE REPORT

Joao Guilherme Novis de Souza Avellar

Juliana Affonso Rodriguez

Nathalia Fernandes Nunes

Giovanna Vidal Belo

Marina Andrade de Castro

Gabriel Moreira de Moraes

Gustavo Oliveira Tawil

Anna Clara Lima Francz

Thalles Simões Ruback

Fernanda Vianna Pedrosa

Julia Anesi Saavedra Granato Ferreira

George Harley Cartaxo Neves Filho

Abstract: Sarcoma is a neoplasm with several subtypes that often can only be differentiated through biopsy. They have high morbidity and mortality related to their treatment, so that early diagnosis favors the survival of their patients. There is still no consensus on the best way to manage these patients, either by using neoadjuvant therapy, isolated resection or associated with adjuvant radiotherapy, in such a way that the recurrence rates are very high, reaching close to 50% when in lesions larger than 5 centimeters. It is important to point out that, for this reason, these patients must be followed up by a multidisciplinary team on a regular basis, with the aim of detecting relapses early, providing the best possible assistance.
Keywords: Pleomorphic sarcoma, morbidity and mortality, treatment.

INTRODUCTION

Undifferentiated pleomorphic sarcoma of the abdominal wall is a rare and aggressive neoplasm that presents a challenge for diagnosis and treatment. Due to its little histological homogeneity, the diagnosis is often one of exclusion, with the help of immunohistochemical analysis. The main treatment is complete surgical resection with wide margins, followed by adjuvant radiotherapy in cases of compromised margins. Chemotherapy can be used as a neoadjuvant treatment depending on the size, location and morbidity associated with tumor resection or palliative in metastatic cases.

It is important to consider the differential diagnoses, such as leiomyosarcoma, liposarcoma, desmoid tumor and angiosarcoma, in order to ensure adequate and early treatment. Biopsy of the lesion is essential for the diagnostic differentiation and the choice of treatment. In general, the prognosis for undifferentiated pleomorphic sarcoma of the abdominal wall is poor, and regular follow-up is necessary to assess recurrence of the neoplasm.

CASE REPORT

Female, Caucasian, 61-year-old patient, hypertensive, obese, referred to the oncologic surgery outpatient clinic complaining of an expansive lesion in the abdomen with progressive growth for 1 year and weight loss. On examination, the patient was in good general condition, pale, with an apron abdomen, flaccid, a palpable mass in the left iliac fossa, hardened, with an ulcerated area and a small amount of necrotic content. Computed tomography (CT) of the abdomen was performed, which showed a mass with soft tissue density, irregular contour, heterogeneous enhancement and hypodense center, suggesting necrosis, measuring 15x11x16 cm, wide contact with the abdominal wall muscles and intense marginal collateral circulation to the lesion. An incisional biopsy was performed, whose histopathology showed an undifferentiated malignant neoplasm with marked cytological atypia. Immunohistochemistry compatible with high-grade undifferentiated pleomorphic sarcoma. Staging CT was performed without evidence of distant lesion.

Looks for the emergency room with a report of syncope and weakness. On examination, a flaccid abdomen, an ulcerated lesion with the output of a moderate amount of secretion with a necrotic appearance. Laboratory examination with severe anemia and leukocytosis. He opted for hospitalization, blood transfusion and venous antibiotic therapy. She evolved with hemodynamic instability due to continued bleeding, being operated on urgently with the need to use more red blood cell concentrates. Resection of the lesion was performed with an elliptical incision, lateral margin of 4 cm from the lesion. Resection of the piece with blocks with

aponeurosis of the external oblique muscle. Freezing with free margins. Reconstruction with Marlex mesh.

Anatomopathological examination defined a high-grade pleomorphic sarcoma measuring 25 cm in the largest diameter. Focus of neoplastic involvement in the deep plane. Postoperatively with good clinical evolution, stable blood count and hospital discharge 5 days after surgery. Currently, the patient is undergoing adjuvant radiotherapy and is undergoing clinical follow-up.

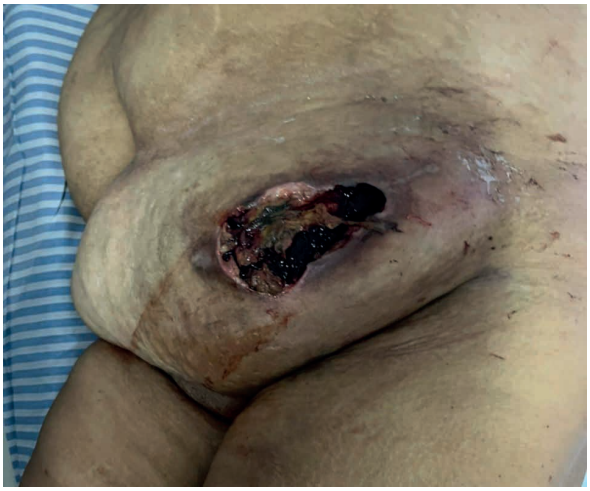

Figure 1: Preoperative appearance of the lesion.

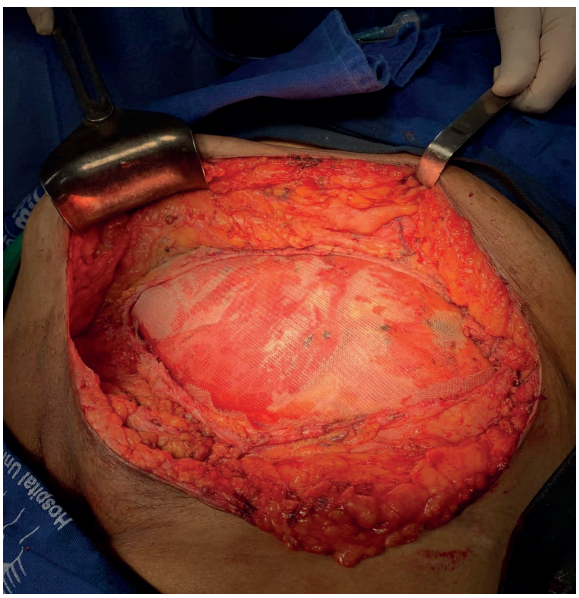

Figure 2: Mesh placement in the resected aponeurosis region.

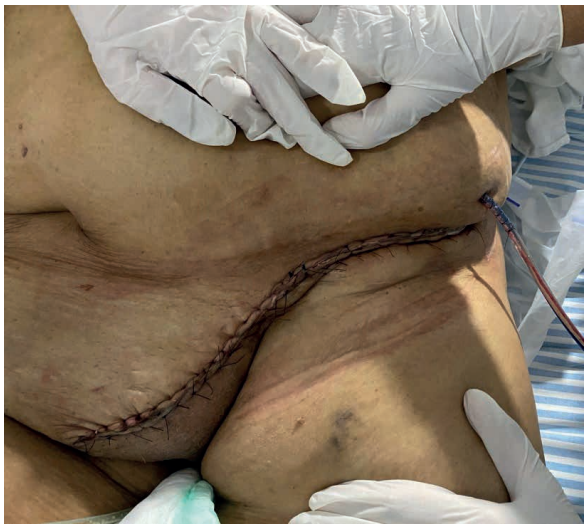

Figure 3: Final closure.

DISCUSSION

Sarcomas are a class of malignant soft tissue tumors and present extensive ramification of histological types, comprising only 1% of neoplasms in adults, but have high morbidity and mortality associated with their treatment.

The prognosis is reserved, with recurrence close to 50% even in resections with neoplasm-free margins when larger than 5 centimeters, the lung being the most common site. For this reason, large cancer centers are still studying the best way to approach them, whether with the use of neoadjuvant chemotherapy, surgery alone or associated with adjuvant radiotherapy.

Due to its accelerated growth, associated with a high degree of neovascularization, bleeding does not become atypical, and may even put the lives of patients at risk, as in our case report.

CONCLUSION

Undifferentiated pleomorphic sarcoma is one of the most aggressive subtypes among the many existing ones. It has an aggressive evolution with high morbidity and mortality associated with its treatment. For many times needing large resections like the reported case.

Early diagnosis, associated with referral to specialized centers increases the possibility of cure for patients, but they must be periodically monitored due to the high degree of recurrence of these tumors, especially in those larger than 5 centimeters, or those that were not possible to perform complete resection.

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