AGGRESSIVE MULTI-ORGAN EN-BLOC RESECTION FOR RECURRENT RETROPERITONEAL LIPOSARCOMA: A CASE REPORT

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Introduction: *Liposarcomas represent the most prevalent malignant variant of primary retroperitoneal non-organ tumors. Their clinical course is highly characterized by an aggressive propensity for local recurrence, exceeding 50% even following initial radical surgery. This abstract highlights the tactical necessity of aggressive multi-visceral en-bloc re-resection in managing local liposarcoma recurrences.*

Materials and Methods: We evaluated the management of a 58-year-old male patient (Patient K.) who presented with a palpable right-sided abdominal mass three years following an initial resection of a primary retroperitoneal liposarcoma. Contrast-enhanced MDCT confirmed a multi-loculated, fat-attenuated recurrent mass measuring 14×11 cm infiltrating the lower pole of the right kidney and the ascending colon.

Results: The patient was optimized and subjected to aggressive surgical revision. Due to gross tumor infiltration into adjacent retroperitoneal structures, an en-bloc compartmental resection was executed, combining a right radical nephrectomy and a right hemicolectomy in a single tumor block to achieve clear oncological margins. Intestinal continuity was restored via an ileotransverse side-to-side anastomosis. Histopathology verified a recurrent well-differentiated liposarcoma invading the renal capsule and colonic serosa.

Conclusions: Local recurrence remains a primary challenge in retroperitoneal liposarcomas. Utilizing an aggressive surgical strategy consisting of systematic en-bloc compartmental resection of involved organs offers the best probability for definitive local disease control and significantly extends overall survival.