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Retroperitoneal leiomyosarcoma - An enigmatic cause of bowel obstruction

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Introduction: One-third of malignant tumors located in the retroperitoneum are sarcomas. The median age of presentation occurs in the sixth decade. Complete surgical resection is the optimal treatment for patients. The addition of adjuvant radiation therapy to surgical resection is associated with both a reduced risk of local recurrence and a longer recurrence-free interval, but it does not improve overall survival.

Case Presentation: An 85-year-old Caucasian female presented to the general practitioner with progressively worsening constipation for the past few months and was referred for a colonoscopy. The colonoscopy demonstrated diverticulosis but no space occupying lesions. She was admitted to the hospital following the procedure with symptoms of bowel obstruction. A CT scan demonstrated a large retroperitoneal mass lesion in the pelvis with signs of bowel obstruction. She had a hysterectomy 40 years ago but otherwise had no other significant history. After adequate optimization, she was subjected to laparotomy and the mass was excised completely. The histology confirmed a retroperitoneal leiomyosarcoma with clear surgical margins. Her postoperative recovery was uneventful and she was discharged after 5 days.

Conclusions: The review of the literature emphasizes that the management of retroperitoneal sarcomas consists of complete resection of the tumor with adjuvant radiotherapy (if the tumor is high grade) combined with surveillance for early leiomyosarcoma detection of recurrence or metastases.

Biography

Rajkumar S Srinivasan is a Surgical Trainee from the Canberra Hospital, Australia. He has completed his Medical Schooling from India and underwent Surgical Training in the United States prior to moving to Australia for further training. He has published and presented surgical cases in various national and international conferences.

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