Abstract:

Primary hepatic liposarcoma is an extremely rare mesenchymal ~~tumour~~tumor~~,~~ that ~~accounting~~ accounts for only 0.1-2% of primary malignant liver ~~tumour~~tumors. Due to its rarity, ~~the~~ knowledge ~~of~~ on ~~the~~ its clinical course, management and prognosis are ~~deficient~~lacking. Only ~~fifteen~~ 15 cases of primary liposarcoma of the liver ha~~d~~ve been ~~described~~ reported since 1973. However, among these ~~fifteen~~ 15 cases, only two ~~cases of~~ involve primary liver liposarcoma with pleomorphic subtype ~~have been reported~~. We reported the third and fourth case~~s~~ of primary pleomorphic liver liposarcoma. ~~Our~~ The first case ~~is~~ involved a 57-year-old ~~woman~~ female presented with abdominal discomfort and progressive~~ly~~ abdominal distension for ~~2~~two weeks. Computed tomography of her abdomen revealed a large ~~well~~ well-defined solid nodule mass with an area of necrosis and hemorrhage occupying ~~the~~ segment IV-B of the liver. Wide local excision was performed. She had an uneventful recovery and remained well ~~after 6~~six months post-treatment. ~~Our~~ The second case ~~is~~ involved a 65-year-old ~~gentleman~~ male presented with an abdominal mass for a ~~two~~ two-month~~s~~ duration. Computed tomography demonstrated a mass in the left lobe of the liver with mixed soft tissue and fat attenuation. He underwent wide local excision, and was discharged day three post-operatively. Both histological analysis revealed liposarcoma of the liver with pleomorphic subtype.

Keywords

Liposarcoma, mesenchymal ~~tumour~~tumor, pleomorphic subtype

Introduction:

Primary hepatic liposarcoma is extremely rare, accounting for only 0.1-2% of primary malignant liver ~~tumour~~tumors **(1)**. Liposarcoma ~~is~~ originate~~d~~s from the mesenchymal tissue, and is ~~usually~~ typically found in the shoulder, extremities and retroperitoneum space **(2)**. Primary hepatic liposarcoma can be divided into five subtypes, ~~which are~~ namely, myxoid, ~~well~~ well-differentiated, dedifferentiated, pleomorphic and myxoid pleomorphic, ~~while~~ with pleomorphic liposarcoma being the rarest subtype **(3).** The clinical presentation of primary hepatic liposarcoma is highly variable. Early diagnosis of liver liposarcoma is challenging, because most ~~of the~~ patients remain~~ed~~ asymptomatic until ~~the~~ mass effects emerge~~d~~ such as abdominal pain, abdominal distention~~,~~ or ~~–~~obstructive jaundice symptoms~~,~~ ~~–~~, ~~while s~~Some might experience fever, nausea, vomiting and weight loss. Physical examination might reveal~~ed~~ a palpable abdominal mass. A ~~Computed~~ computed tomography (CT) scan may provide ~~us~~ certain typical characteristic of liver liposarcoma, ~~and it~~ making it the ~~is the~~ best tool to evaluate the resectability of liver sarcoma. Complete resection with clear margin is the likely curative therapy. To the best of our knowledge, only two cases of primary pleomorphic liver liposarcoma ~~had~~ have been reported in the literature. Here, we present~~ed~~ two cases of primary pleomorphic liver liposarcoma, with successful curative resection at~~in~~ our center.

Case presentation:

A 57-year-old woman presented with abdominal discomfort and progressive~~ly~~ abdominal distension for ~~2weeks~~two weeks. She denied nausea, vomiting, jaundice, reduced effort intolerance~~,~~ or constitutional symptoms. ~~Besides, s~~She had no risk factors such as drug abuse, alcoholism~~,~~ or viral infection~~.~~, nor any ~~She had no~~ significant medical or surgical history. Physical examination revealed a palpable large mass that occupied the right upper quadrant of the abdomen. There was no stigmata of chronic liver disease such as edema, ascites, splenomegaly or spider naevi. All the blood investigations were normal. Viral markers of hepatitis B and hepatitis C were negative. Both serum ~~tumour~~tumor markers alpha-fetoprotein (AFP) and carcinoembryonic antigen (CEA) were normal. A CT scan of the abdomen revealed a large ~~well~~ well-defined predominantly solid nodule mass ~~measured about~~ (11 x 7 x 9.8 cm) with an area of necrosis and hemorrhage occupying ~~the~~ segment IV-B of the liver **(Figure 1).** The mass displaced the second part of the duodenum, head of pancreas and pylorus.~~.~~ No other abnormality was detected in the abdominal viscera. Further investigation and workup showed no other primary lesions.

An elective laparotomy and wide local excision of the ~~tumour~~tumor was scheduled. Intraoperatively, we found a huge lipomatic liver mass ~~measured about~~ (12 ~~cm~~ x 11 cm) ~~was~~ arising from segment IV-B, extending laterally into segments 5 and 6. The ~~Liver~~ liver ~~is~~ was smooth and non-cirrhotic. A ~~Macroscopic~~ macroscopic examination ~~showed~~ revealed a ~~well~~ well-circumscribed and encapsulated fleshy, pale yellowish ~~tumour~~tumor. A ~~Bi~~bi-valved section of the specimen appeared brownish and gelatinous with haemorrhage foci. **(Figure 2).**

Microscopically, the mass showed ~~heterogenous~~heterogeneous histology composed of neoplastic spindled to markedly pleomorphic cells, within a variable loose myxoid background. Furthermore, the ~~tumour~~tumor ~~consisted of~~ comprised large cells with markedly pleomorphic vesicular nuclei, and ~~moderate~~ moderate-~~to~~-to-ample amounts of variably