



## A Myxoid Type Liposarcoma “A Case Report”

*<sup>1</sup>Mr Sarthak S. Meghe, Mrs. Akhatari Banno Sayyad Sheikh<sup>2</sup>, Mr. Sagar S. Bhowae<sup>3</sup>, Ms. Dhanashree Selukar<sup>4</sup>*

<sup>1</sup>Nursing Tutor, Department of Shalinitai Meghe College of Nursing Salod (H) Wardha.

Email Id: [-sarthakmeghe212@gmail.com](mailto:-sarthakmeghe212@gmail.com), Mob no. 7620383644

<sup>2</sup>Principal of Shalinitai Meghe College of Nursing Salod (H) Wardha.

<sup>3</sup>Nursing Tutor Department of Shalinitai Meghe College of Nursing Salod (H) Wardha.

<sup>4</sup>Nursing Tutor Department of Shalinitai Meghe College of Nursing Salod (H) Wardha.

### ABSTRACT:

Liposarcoma myxoid type is an uncommon kind of cancer that can be difficult to detect and treat. Biopsy were used to diagnose many of the cases. Delays in diagnosis frequently have a negative impact on patients' outcomes. A presenting case of a 55-year-old man was hospitalized after Pain in right axilla, axial movement problems, loss of muscle power. A conventional MRI scan revealed a heterogeneously enhancing predominantly mesenchymal mass lesion. After MRI report surgeon decide to prepare for operation, after OT patient general condition has improving. Myxoid type liposarcoma is a difficult-to-diagnose and-treat tumour with a dismal prognosis. Retrospective studies and case studies are used to guide management.

**Key Words:** Myxoid, Liposarcoma, Mesenchymal

### Introduction:

Myxoid/round cell liposarcoma, or MRCLS, is one of several types of liposarcoma. Liposarcoma is a rare cancer that grows in the cells that store fat in the body. MRCLS usually grows in the arms and legs. These tumours grow slowly, and they can spread to other Each year in the United States, about 2,000 people are diagnosed with liposarcoma. MRCLS is one of the most common types of liposarcoma and makes up about 30% of all liposarcoma cases. It is more common in people aged 20 to 40 years old and is rarely seen in children under 10 years old.

### Patient Information:

#### Patient specific information

Name-	Mr. Sanjay A. Meghe
Age-	55 yrs.
Gender-	Male
Department-	Surgery PVT Room.
Date Of Admission-	26/10/2023
IPD Number-	2310260226
Diagnosis-	Mesenchymal tumour over right axilla

### Primary concerns and symptoms of the patient

55-year-old men came to AVBRH with the chief complaint of pain in right axilla, and upper extremities pain that pain goes towards neck and back, patient says that he is having lump in the right axilla which was removed by surgeons Dr. Lamture sir in 2020. And that sample was sends for the histopathology. Histopathology report shows that the received sample is of mesenchymal non-cancerous tumor. But after 2 months of surgery that lump was reoccurred and shows the same symptoms. Patient took some analgesics as per doctor's order so his pain is suppressed for a while but that lump was gradually increasing day by day. After history collection we moved towards physical examination of that patient then one lump is seen during inspection

of that axillary area. That lump is slightly movable and harden while palpating, no any fluid collection is there in that area The patient had a good general condition.

---

### **Medical, family, and psycho-social history: -**

Diabetes mellitus or hypertension had not previously been diagnosed. There are five people in the house, according to family history.

My client's behaviour after a lump is normal, and he talks suspiciously related to development of cancer.

**Relevant past interventions with outcomes:** - patient says that he is having lump in the right axilla which was removed by surgeons Dr. Lamture sir in 2020. And that sample was sends for the histopathology. Histopathology report shows that the received sample is of mesenchymal non-cancerous tumor. But after 2 months of surgery that lump was reoccurred and shows the same symptoms.

---

### **Clinical Findings:**

#### **Timeline:**

Mr. Sanjay Anaji Meghe, a 55-year-old male with a Mesenchymal tumour over right axilla. , has had right axillary pain and movement of right hand issue. He has no history of any comorlridities, cough, or cold/fever. Mr. Sanjay was admitted to the private room smsc with his major complaint, and we began surgery routine evaluation after we discovered a non-cancerous tumour in the right axillary region that damaged lateral cutaneous nerve of the arm on MRI and CT scans. Mesenchymal myxoid type is the diagnosis, and the doctor decides to operate. Type of procedure Therapeutic procedure. Afterward OT, Mr. Sanjay was transferred to the surgery ICU for further treatment, and the staff nurse followed the doctor's orders.

#### **Diagnostic Evaluation:**

Physical examination- We discovered that the patient had a lump in right axillary region that measure about 5-6 cm as well as pain in right axilla during the physical examination, and we sent the cut biopsy mass from right axilla to the histopathology. They reported received a four-container labelled as tri. Cut biopsy from right axilla. Received multiple, irregular, greyish white, thread like tissue pieces aggregating 1\*0.5\*0.2cm

It shows features of benign mesenchymal tumour on histopathology.

#### **Challenges in diagnosing**

We didn't have any diagnostic issues in that circumstance because our hospital's management provided a scheme. That plan aided us in conducting the investigation.

#### **Diagnosis:**

Mr. Sanjay diagnosis is mesenchymal tumour over right axilla and it changed as liposarcoma myxoid type after post operative histopathology report and IHC report.

#### **Prognosis:**

After an OT patient shift in the ICU for further care, Mr. Sanjay was diagnosed with mesenchymal tumour over right axilla. Patient has been gone under physical examination, and his axillary cyst is clearly palpable. After the first day, the patient is shifted to a CT scan. There were no abnormalities in their CT scan. Many medical professionals, including ca surgeons, think that individuals with mesenchymal tumour, and that within a few weeks or month, he is going to treat with radiation and chemo therapy.

---

### **Therapeutic intervention administration**

1. Antibiotic – 1. Inj. ceftriaxone IV 1g BD
2. Antacid- Inj Pan 40mg OD
3. Antiemetic- Inj. Emset 4mg TDS
4. Anti-inflammatory (corticosteroid)- inj. Hydrocortisone 100mg TDS After nasal pack removal

#### **Therapeutic intervention changes**

After NBM break drug order has been change

Tab Zerodol BD, Tab sinarest BD, Tab chymoral Fort TDS, Tab Limcee 500mg BD.

#### **Follow-up and Outcomes:**

Clinician follow-up began at the end of the first day, and it was good and well. The patient's GCS score was 15, and the parameters were also in good shape. The main complaint of the patient was subsided.

#### Important diagnostic and other test results that need to be followed up on:

The value of imaging, specifically the use of MRI in determining the best course of treatment is still up for dispute, and further study is probably needed.. MRI findings in myxoid type patients, according to multiple authors, do not The prognosis of myxoid liposarcoma is generally good with early detection and surgical intervention<sup>1</sup>. The survival rate for people with myxoid liposarcoma is estimated to be 92% after five years and 55% after 12 years<sup>2</sup>. The outcome is dependent upon the site of the tumour and pattern of the tumour, when examined by a pathologist under the microscope<sup>1</sup>. A significant round cell component is associated with a poorer prognosis<sup>3</sup>

#### Adherence to the intervention and tolerability

The patient was slightly sedative at the start of treatment, but after he became fully conscious, he tolerated each and every treatment.

## DISCUSSION

Myxoid liposarcomas involving the pelvis are uncommon. Most patients present between the ages of 18 and 67 years, with a mean age of 42 years. These tumours are usually found in the lower extremities, particularly the thighs, and tend to grow slowly. Within the abdominal cavity, they may reach a considerable size before being diagnosed, and often patients are asymptomatic. Clinical presentation usually includes a large palpable, painless mass.

#### Conclusion:

In conclusion, large retroperitoneal tumors, especially those of the myxoid type, should be imaged in detail to enable proper diagnosis, surgical planning, and patient preparation and positioning for surgery. It would have been unwise to skip preoperative imaging in our patient because without the information provided on imaging, the patient's chances for successful curative surgery might have been compromised.

**Funding:** Datta Meghe Institute of higher education and research, Wardha.

#### References:

(in Vancouver Style)

- Keil MF, Stratakis CA. Pituitary tumors in childhood: update of diagnosis, treatment and molecular genetics. *Expert Rev Neurother*. 2008;8:563–574. [PMC free article] [PubMed] [Google Scholar]
- Mindermann T, Wilson CB. Pediatric pituitary adenomas. *Neurosurgery*. 1995;36:259–269. [PubMed] [Google Scholar]
- Oldfield EH, Merrill MJ. Apoplexy of pituitary adenomas: the perfect storm. *J Neurosurg*. 2015;122:1444–1449. [PubMed] [Google Scholar]
- Briet C, Salenave S, Bonneville JF, Laws ER, Chanson P. Pituitary Apoplexy. *Endocr Rev*. 2015;36:622–645. [PubMed] [Google Scholar]
- Dawson BH, Kothandaram P. Acute massive infarction of pituitary adenomas. A study of five patients. *J Neurosurg*. 1972;37:275–279. [PubMed] [Google Scholar]
- Jankowski PP, Crawford JR, Khanna P, Malicki DM, Ciacci JD, Levy ML. Pituitary tumor apoplexy in adolescents. *World Neurosurg*. 2015;83:644–651. [PubMed] [Google Scholar]
- Liu F, Li G, Yao Y, Yang Y, Ma W, Li Y, Chen G, Wang R. Diagnosis and management of pituitary abscess: experiences from 33 cases. *Clin Endocrinol (Oxf)* 2011;74:79–88. [PubMed] [Google Scholar]
- Ayuk J, McGregor EJ, Mitchell RD, Gittoes NJL. Acute management of pituitary apoplexy—surgery or conservative management? *Clin Endocrinol*. 2004;61:747–752. doi: 10.1111/j.1365-2265.2004.02162.x. [PubMed] [CrossRef] [Google Scholar]
- Piotin M, Tampieri D, Rüfenacht DA, et al. The various MRI patterns of pituitary apoplexy. *Eur Radiol*. 1999;9:918–923. doi: 10.1007/s003300050767. [PubMed] [CrossRef] [Google Scholar]
- Tosaka MN, Sato J, Hirato H, et al. Assessment of hemorrhage in pituitary macroadenoma by T2\*-weighted gradient-echo MR imaging. *Am J Neuroradiol*. 2007;28:2023–2029. doi: 10.3174/ajnr.A0692. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- Semple PL, Jane JA, Lopes MBS, Laws ER. Pituitary apoplexy: correlation between magnetic resonance imaging and histopathological results. *J Neurosurg*. 2008;108:909–915. doi: 10.3171/JNS/2008/108/5/0909. [PubMed] [CrossRef] [Google Scholar]
- Mindermann T, Wilson CB. Pediatric pituitary adenomas. *Neurosurgery*. 1995;36:259–269. [PubMed] [Google Scholar]
- Abe T, Ludecke DK, Saeger W. Clinically nonsecreting pituitary adenomas in childhood and adolescence. *Neurosurgery*. 1998;42:750–751. [PubMed] [Google Scholar]

14. Dourakis SP, Papanikolaou IS, Kontogeorgos G, Tolis G. Pituitary non-secreting macroadenoma apoplexy in an adolescent, patient report and review of the literature. *J Pediatr Endocrinol Metab.* 2002;15:1549–1552. [[PubMed](#)] [[Google Scholar](#)]
15. Mizutani T, Teramoto A, Aruga T, Takakura K, Sanno N. Prepubescent pituitary null cell macroadenoma with silent macroscopic apoplexy: case report. *Neurosurgery.* 1993;33:909–910. [[PubMed](#)] [[Google Scholar](#)]
16. Satyarthee GD, Mahapatra AK. Pituitary apoplexy in a child presenting with massive subarachnoid and intraventricular hemorrhage. *J Clin Neurosci.* 2005;12:94–96. [[PubMed](#)] [[Google Scholar](#)]

Data Meghe Institute of Higher Education & Research (Deemed to be University) NAAC Gread A+

**ACHARYA VINOBA BHAVE RURAL HOSPITAL**  
Transforming Lives Through Well Being

A Teaching Hospital of Jawaharlal Nehru Medical College, Sawangi (Meghe), WARDHA - 442 004.  
Ph.: 07152-287701 - 06, 304000 Ext 342 Visit us at : avbrhsawangimeghe.com Email : info@avbrhsawangimeghe.com

DEPT. OF RADIOGNOSIS				Age & Sex	55 Years&M
Patient Name	SANJAY ANNAJI MEGHE			Study Date	20-Nov-2023
Patient UHID	2300472753	Patient ID	2311200775	Report Date & Time	20-Nov-2023 12:40:54
Patient Type	OPD	Modality	CT	Referred By	S-OPD
Consulting Dr.	DR. MITHUN BHOYAR				
Study Name	Thorax^AV_ThoraxHRCT_Spiral_FAST (Adult)				

**HRCT THORAX**


**O/C/O WIDE LOCAL EXCISION OF RIGHT AXILLARY MESENCHYMAL TUMOR.**

- Calcific foci noted in apicoposterior segment of right upper lobe, apical segment of left upper lobe and lateral segment of right middle lobe.
- Visualized section of abdomen shows fat density (HU:-100 to -130) lesion in midpole of right kidney measuring approx. 1.7 x 3.2 x 2 cm s/o lipoma.
- Carina and Major bronchi are apparently normal.
- Mediastinal vascular structures appear normal.
- No e/o mediastinal lymphadenopathy.
- Visualized spine shows degenerative changes.


**IMPRESSION: HRCT THORAX REVEALS:-**

- CALCIFIC FOCI IN BILATERAL UPPER LOBE AND RIGHT MIDDLE LOBE.

**ADVICE: CLINICAL CORRELATION.**




Dr. Mithun P. Bhojar  
MBBS, MD, (Radiodiagnosis)  
Reg. No. 2020/12/6943  
Date: 20-Nov-2023 12:40:54




**DATTATRAYA  
DIAGNOSTICS  
CENTER**

**DATTATRAY DIAGNOSTIC CENTER, WARDHA**  
Acharya Vinoba Bhave Rural Hospital, Sawangi (Waghel), Wardha-440064



### Test Report

231104057803 	Patient's Name: SANJAY ANNAJI MESHE Address: AVBRH, SAWANGI MESHE, WARDHA Contact No.: Age: 58      Gender: M Referred By: SSC	SID: 231104057803 IPD No.: 2310260226 UHD: 2307080549 Received in Lab On: 04/11/2023 Reported On: 04/11/2023
---	--	--

Department of Pathology  
**HISTOPATHOLOGY REPORT**

Lab. Ref. No.	-> B/23/02618-34	Hospital	-> AVBRH
Ward	-> WARD	Department	-> SURGERY/M.F.S/NLRF
Consultant	-> DR. SHINDE	Hospital Regn. No.	-> 2310260226
Nature of Material	-> EXCISED SPECIMEN OF MESENCHYMAL TUMOR OVER RIGHT AXILLA		

**HISTOPATHOLOGY REPORT**  
Seen by Dr. -> Dr. SAMARTH SHUKLA

Reported by- Dr. Samarth Shukla (Professor)

Grossed by- Dr. Miheer Jagtap (Assistant Professor)

Dr. Rishika Bhatnagar (Resident)

Dr. Prajakta Ghewade (Resident)

Received single container labelled as excised specimen of mesenchymal tumour over right axilla

Orientation- Specimen is oriented

History of NACT- No

History of previous surgery- No

Type of procedure : Therapeutic excision

Tumour site- Axilla (Right)

Specimen laterality- Right side

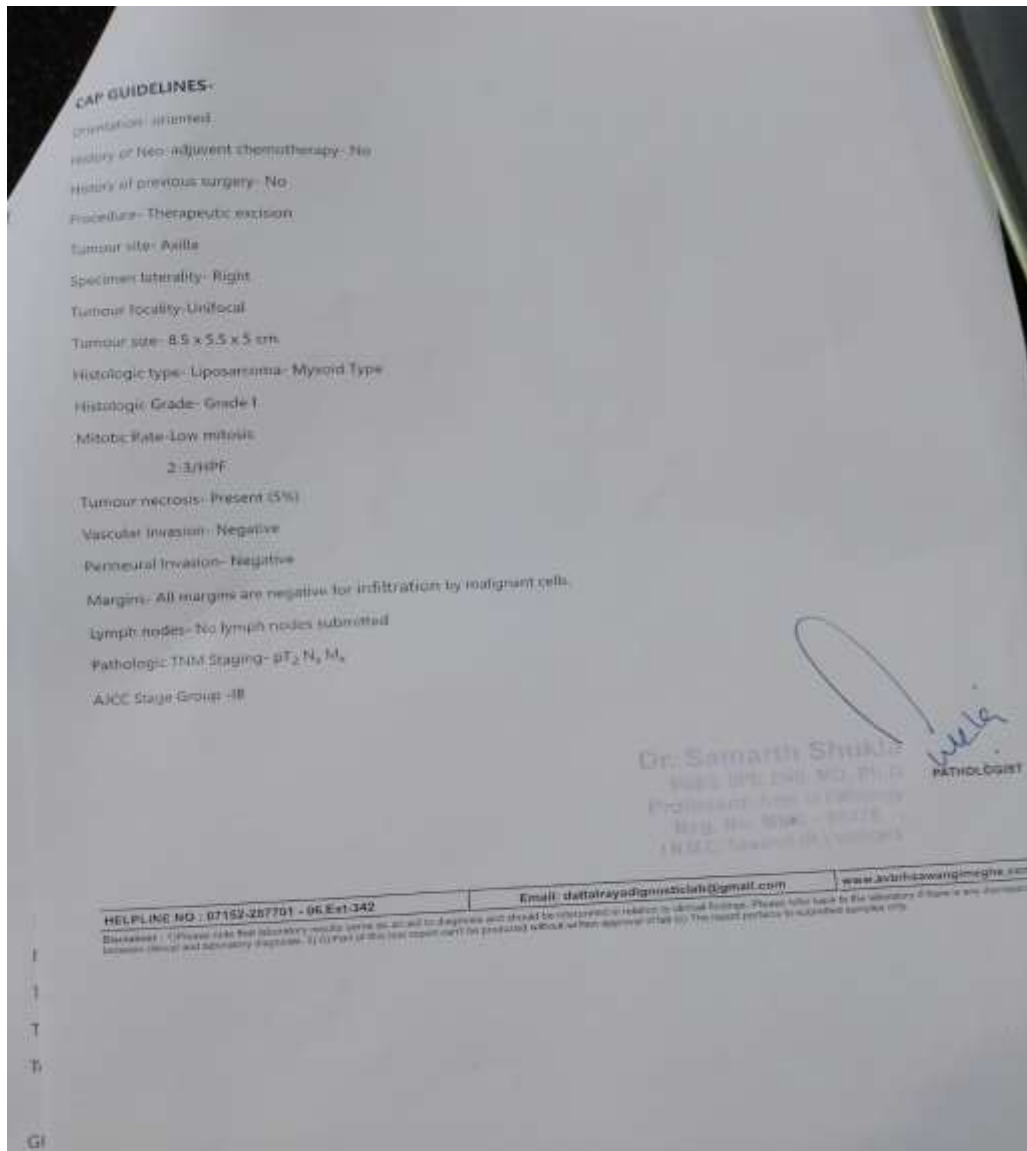
Number of tumours- One

Tumour focality- Unifocal

Tumour size- 8.5 x 5.5 x 5 cm

Total specimen measuring -11.5 x 9 x 5 cm

GROSS DESCRIPTION OF TUMOUR-




06/11/23, 12:17 PM

**DATTATRAYA DIAGNOSTICS CENTER**

**DATTATRAY DIAGNOSTIC CENTER, WARDHA**  
Acharya Vinoba Bhave Rural Hospital, Sawangi (Meghe), Wardha-442004

**Test Report**

231104057803 	Patient's Name : SANJAY ANNAJI MEGHE	SID : 231104057803
	Address : AVBRH, SAWANGI MEGHE, WARDHA	IPD No : 2310260226
Contact No :	Age : 55 Gender : M	UHD : 2300368569
Referred By : SSC		Received in Lab On : 01/11/2023
		Reported On : 04/11/2023

Department of Pathology  
**HISTOPATHOLOGY REPORT**

Lab. Ref. No.	:- B/23/22616-74	Hospital	:- AVBRH
Ward	:- WARD	Department	:- SURGERY/M.F.S/NUR
Consultant	:- DR. SHINDE	Hospital Regn. No.	:- 2310260226
Nature of Material	:- EXCISED SPECIMEN OF MESENCHYMAL TUMOR OVER RIGHT AXILLA		

**HISTOPATHOLOGY REPORT**  
Seen by Dr :- Dr. SAMARTH SHUKLA

Reported by- Dr. Samarth Shukla (Professor)  
Grossed by- Dr. Miheer Jagtap (Assistant Professor)  
Dr. Rishika Bhatnagar (Resident)  
Dr. Prajakta Ghevade (Resident)

Received single container labelled as excised specimen of mesenchymal tumour over right axilla.

Orientation- Specimen is oriented

History of NACT- No

History of previous surgery- No

Type of procedure : Therapeutic excision

Tumour site- Axilla (Right)

Specimen laterality- Right side

Number of tumors- One

Tumour focality- Unifocal

Tumour size- 8.5 x 5.5 x 5 cm

Total specimen measuring - 11.5 x 9 x 5 cm

**GROSS DESCRIPTION OF TUMOUR-**

A single, unifocal, well circumscribed solid growth is seen in the right axillary region measuring 8.5 x 5.5 x 5 cm. On examining the cut surface, tumour appears multiloculated/ multinodular with heterogeneous solid white and brownish gelatinous areas. Overlying skin appears unremarkable. All margins grossly appear uninvolved by the tumour. No hemorrhagic or necrotic areas are seen.

Section from the superior margin shows fibromuscular tissue and is negative for infiltration by malignant cells on histopathology.

0300-0000

