A Myxoid Type Liposarcoma “A Case Report”

Mr. Sarthak S. Meghe, Mrs. Akhatari Banno Sayyad Sheikh, Mr. Sagar S. Bhowae, Ms. Dhanashree Selukar

1Nursing Tutor, Department of Shalinitai Meghe College of Nursing Salod (H) Wardha.
Email Id: sarthakmeghe212@gmail.com, Mob no. 7620383644
2Principal of Shalinitai Meghe College of Nursing Salod (H) Wardha.
3Nursing Tutor Department of Shalinitai Meghe College of Nursing Salod (H) Wardha.
4Nursing 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. Lanture 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 comorbidities, 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 intervention1. The survival rate for people with myxoid liposarcoma is estimated to be 92% after five years and 55% after 12 years.2. The outcome is dependent upon the site of the tumour and pattern of the tumour, when examined by a pathologist under the microscope1. A significant round cell component is associated with a poorer prognosis3

**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)


Test Report

Patient Name: Sanjay Anand Mehta
Address: Ambika, Swang Dhe, Wardha
Date of Birth: 01/02/2016
Sex: M
SSC:

Department of Pathology

HISTOPATHOLOGY REPORT

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

Orientation: Specimen is oriented

Malignant Tumour: 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:

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NAG Guidelines:
- Presentation: unknown
- History of non-adjacent chemotherapy: Yes
- Effects of previous surgery: No
- Procedure: Therapeutic excision
- Tumor site: Ankle
- Specimen laterality: Right
- Tumor focality: Unilateral
- Tumor size: 3.5 x 3.5 x 5 cm
- Histologic type: Urothelium - Myxoid Type
- Histologic grade: Grade I
- Mitotic Rate: Low mitosis
- 2.3/hpf
- Tumor reoccurrence: Present (4%) Vascular invasion: Negative Nerve invasion: Negative
-Margins: All margins are negative for infiltration by malignant cells.
-Lymph nodes: No lymph nodes submitted
-Pathologic Tumor Stage: pT3, pN0, M0
- AJCC Stage Group: IB

Dr. Samarth Shukla
Vice President, NO. M.D.
Phone: 98180-66880

HEMPLINE NO: 0165420714 - 964-7392
Email: info@hemipline.com
www.hemipline.com
DATTATRAY DIAGNOSTIC CENTER, WARDHA
Aisharya Vinoba Bhave Rural Hospital, Sawangi (Meghe), Wardha-442094

Test Report

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Department of Pathology

HISTOPATHOLOGY REPORT

Lab. No.: 04-23/22616-74
Hospital: AVBRH
Ward: WARD
Department: SURGERY/M.F.S/NUR
Consultant: DR. SHINDE
Hospital Regn. No.: 2510260226
Nature of Material: EXCISED SPECIMEN OF MESENCHYMAL TUMOR OVER RIGHT AXILLA

HISTOPATHOLOGY REPORT

Reported by: Dr. Samarth Shukla (Professor)
Grossed by: Dr. Milind Jagtap (Assistant Professor)
Dr. Rekha Bhatnagar (Resident)
Dr. Prajakta Ghalode (Resident)

Received single container labeled as excised specimen of mesenchymal tumor over right axilla.

Declaration: Specimen is intact.

History of NACT: No
History of previous surgery: No
Type of procedure: Therapeutic excision
Tumor site: Axilla (Right)
Specimen laterality: Right side
Number of tumors: One
Tumor locality: Unifocal
Tumor 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.
Section from the inferior margin shows fibroadipose tissue with congested blood vessels and is negative for infiltration by malignant cells on histopathology.

Section from the anterior margin shows fibromuscular tissue with congested blood vessels and is negative for infiltration by malignant cells on histopathology.

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

Section from the overlying skin shows hypertrophied epidermal tissue. Deeper tissue shows fibrocolagenous tissue with congested blood vessels, minimal inflammation and is negative for infiltration by malignant cells on histopathology.

Sections from the tumour mass shows histopathological features of Malignant Neurechymal tumour, highly suspicious of Liposarcoma-Myxoid type.

Advice: Immunohistochemistry for confirmation of diagnosis and further management.