

Abstract

Gastrointestinal liposarcomas are rare entity, esophagus is one of the rarest location for liposarcoma with only few cases reported. Incidence is only 1.2 to 2.5% of all GI lipomas.

We therefore presenting a case of 74 years old male with complain of progressive dysphagia and undocumented weight loss ,he underwent CT Scan showed large lobulated pedunculated mass lesion arising from esophagus contain intralesional fat showing post contrast enhancement of non-fatty part. Biopsy reveled features of fibrosarcoma a rare entity in this location.

Introduction

Gastrointestinal liposarcomas are rare entity, esophagus is the least common location location.¹ Esophageal liposarcoma is a slowly growing tumor resulting from the mucosa or submucosal layers. esophageal liposarcomas raised as polypoid masses within the esophageal lumen, usually causing no sign and symptom until they reach a large size.(2)The first case of a primary esophageal liposarcoma was reported by Mansour. The mean age varies between 43 and 73 years with a male: female ratio of 1.16:1.²

Case Report

Seventy-four (74 years) old male k/c of dm, HTN, asthmatic came in our hospital with complain dysphagia for last 6month. He felt food stuck in upper chest. Start regurgitating solids for last 1 month. Currently he is only tolerating sips of liquid. Associated with low grade fever for last 2 months and also has undocumented significant weight loss. Lab investigations was done HB was 8gm/dl for which blood transfusion done During hospital course EGD performed shows smooth bulging starting from 15cm up to 40cm occupying 3/4th of the esophageal lumen. Ulcerated mucosa seen at distal part of growth. CT Chest abdomen and pelvis done shows pedunculated mass lesion anterior posterior walls protruding into the esophageal lumen with possible pulmonary and hepatic-metasis.

Posterolateral thoracotomy done dilated esophagus mobilized lumen of the esophagus opened pedunculated growth taken out of the esophagus tumor excised from the stalk. Hemostasis secured

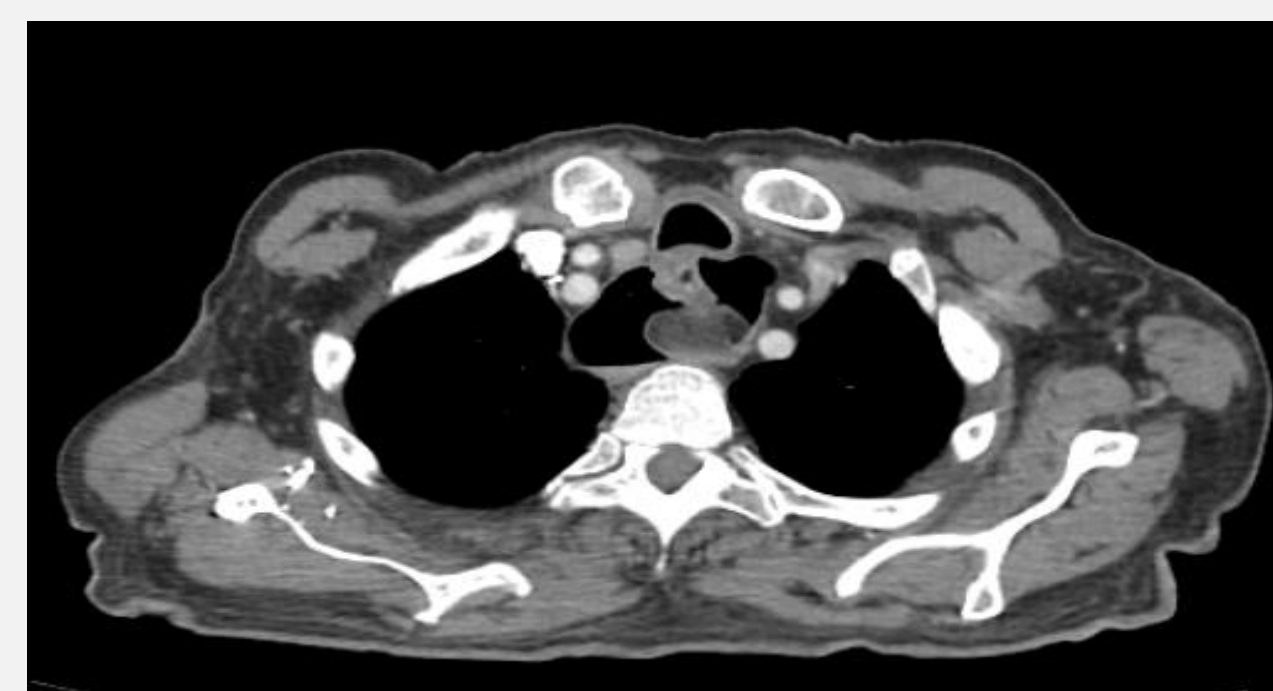


Figure 1: Contrast enhanced scan at the level of esophagus shows mixed density, but predominantly fat density mass in arising from anterior wall of esophagus showing stalk enhancement

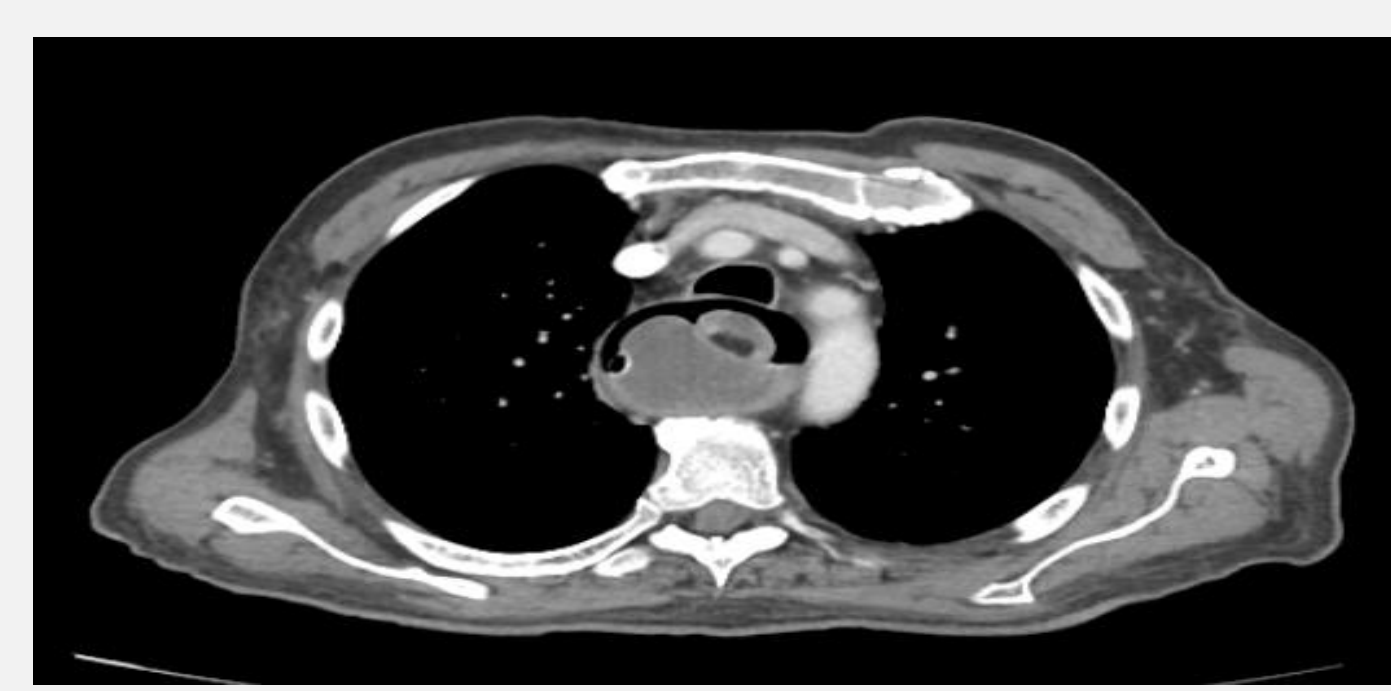


Figure 1: contrast enhanced ct scan shows Intraluminal mass with a lipoma-like density in the esophagus

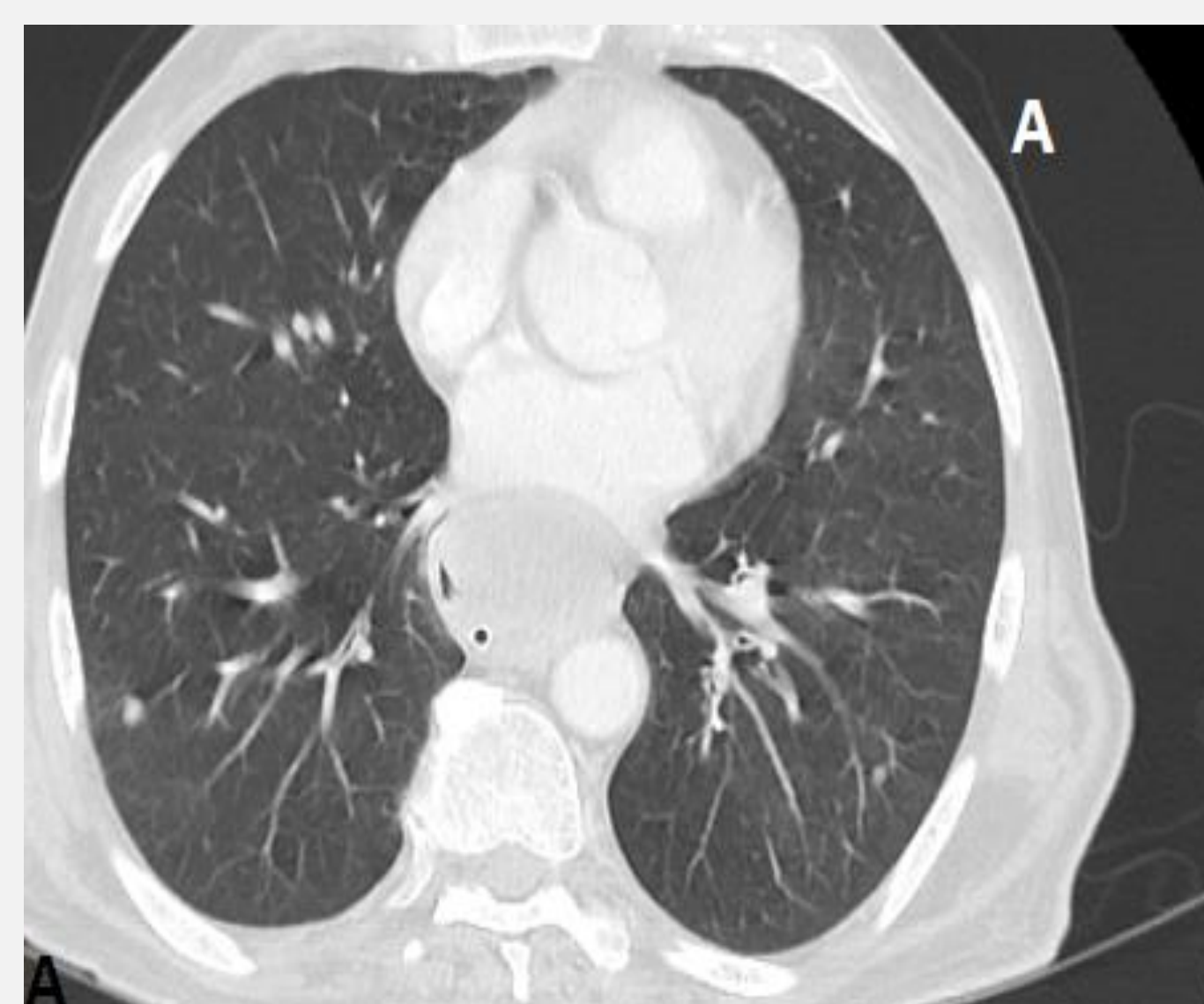


Figure 2 Fig A: Multiple pulmonary nodules are seen in both lung fields



Figure B: A focal enhancing area is seen in the segment VI of the liver measuring.

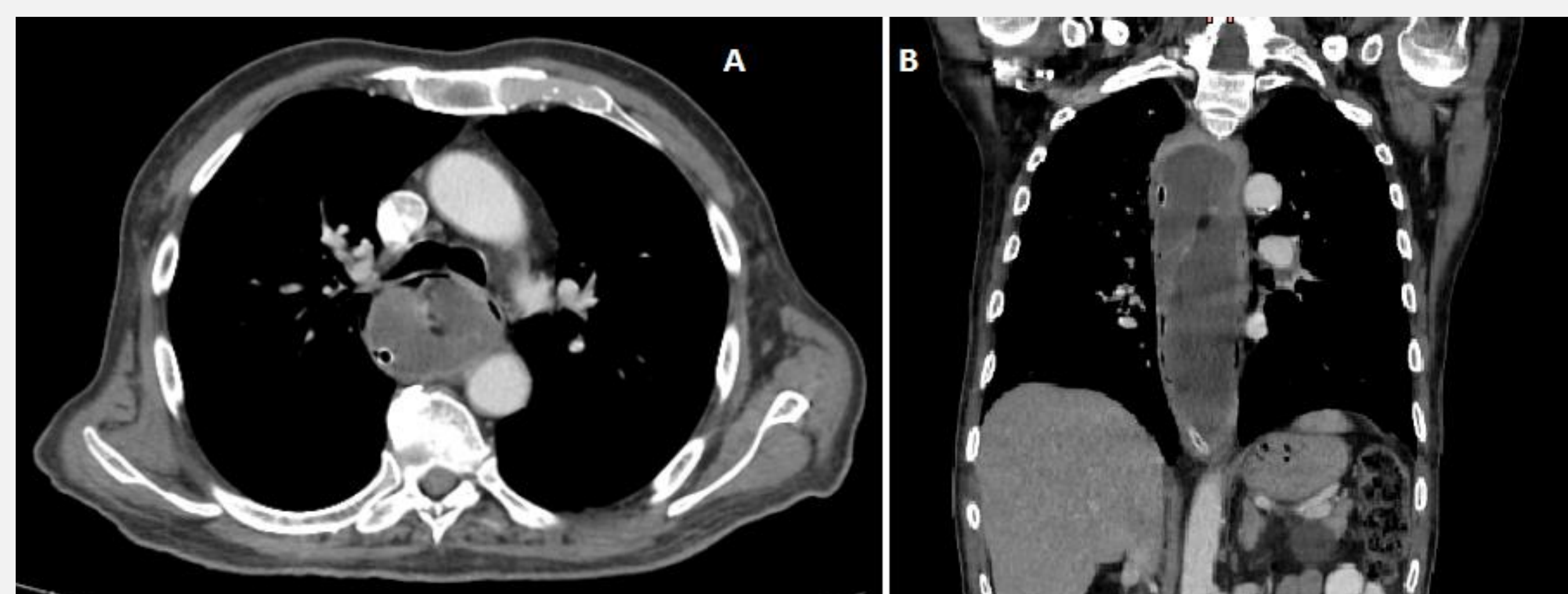


Figure 3 A: Axial, B coronal contrast enhanced Ct scan show huge pedunculated lobulated mass lesion within that there is evidence of huge pedunculated lobulated mass lesion within the esophagus, which is occupying approximately whole esophagus resulting in luminal narrowing.

Discussion

lipomatous tumors of the gastrointestinal tract are usually found in the distal ileum and the large bowel. (2) The mucosa and submucosal esophageal layers give rise to the incredibly rare and slowly growing primary esophageal liposarcoma²

The first case was described by mansour *et al*² in 1983. symptoms of esophageal lipomatous tumors include progressive dysphagia, loss of weight, regurgitation, retrosternal pain, respiratory distress, odynophagia, sensation of a lump in the throat.⁽²⁾

Radiography shows widening of mediastinum, lung pathologic abnormality, such as pleural or parenchymal metastases

CT scan remains the most important diagnostic modality .CT scan mostly reveals a large, predominantly fat density lesion mixed with varying amount of soft tissue MRI shows high signal intensity within the fatty tissue on T1 weighted images .Suppresses on in phase and out of phase imaging or on fat suppressed images. Local recurrence could take place in patients with well-differentiated liposarcomas who have a 5-year survival of 75 - 100%.⁽²⁾

Conclusion

If a patient has a history of a slow-growing esophageal mass with a low tumor density on a CT scan, combined with surgical resection and histological analysis, it is possible to identify esophageal lipoma or liposarcoma.² Given the rarity of esophageal liposarcoma, we think this case is significant.²

References

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