

## RETROPERITONEAL SARCOMA

### A. Incidence

1. Rare tumors: 1 % of adult malignancies with no identifiable etiologic agent
2. Usually no family history
3. Extremity sarcomas are more common than retroperitoneal sarcomas

### B. Pathology

1. Several classification of sarcomas
  - a. Liposarcoma (40%)
  - b. Leomyosarcoma (25%)
  - c. Malignant fibrous histiocytoma (6%)
2. Histologic grade is the best indicator of biologic behavior

### C. Histologic Grade

1. Typically graded from 1 to 3
2. Sometimes just classified as differentiated or dedifferentiated
3. Criteria
  - a. Degree of differentiation
  - b. Mitotic index
  - c. Amount of spontaneous necrosis

### D. Patient Presentation

1. 80 % present with abdominal pain
2. 35-40% present with pain of vague neurologic symptoms
3. Paucity of symptoms leads to a delay in diagnosis
4. Majority present with tumors > 10 cm
5. Poor prognosis related to the delay in diagnosis

### E. Patient Evaluation

1. CT scan or MRI
2. Biopsy not necessary if resectable
3. FNA: not sufficient for biopsy
4. Core biopsy for more accurate diagnosis
5. Tissue diagnosis can guide further therapy

### F. Adjuvant Radiotherapy

1. RT beneficial for extremity sarcomas
2. Debated for retroperitoneal sarcoma
  - a. Area too large
  - b. Poor tolerance of surrounding organs
3. Still under investigation

**G. Chemotherapy**

1. Overall disappointing response
2. No survival benefit shown to date
3. Some studies show decreased survival with those receiving adjuvant chemotherapy
4. More clinical trials needed

**H. Postoperative follow-up**

1. Physician evaluation
  - a. every 3 months / 2 yrs
  - b. every 6 months / 3 yrs
  - c. yearly thereafter
2. CT scan or MRI
  - a. every 6 months / 3 yrs
  - b. yearly thereafter

**I. Conclusions**

1. Rare tumors
2. Surgical resection best chance of survival
3. Decreased survival associated with resectability and histologic grade
4. Chemotherapy and radiation inconclusive

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