

World Journal of *Clinical Cases*

World J Clin Cases 2022 March 16; 10(8): 2363-2659



Contents

Thrice Monthly Volume 10 Number 8 March 16, 2022

OPINION REVIEW

- 2363 eHealth, telehealth, and telemedicine in the management of the COVID-19 pandemic and beyond: Lessons learned and future perspectives

Giaccalone A, Marin L, Febbi M, Franchi T, Tovani-Palone MR

MINIREVIEWS

- 2369 Developing natural marine products for treating liver diseases

Wei Q, Guo JS

ORIGINAL ARTICLE

Case Control Study

- 2382 Analysis of bacterial spectrum, activin A, and CD64 in chronic obstructive pulmonary disease patients complicated with pulmonary infections

Fei ZY, Wang J, Liang J, Zhou X, Guo M

Retrospective Cohort Study

- 2393 Computed tomography perfusion imaging evaluation of angiogenesis in patients with pancreatic adenocarcinoma

Liu W, Yin B, Liang ZH, Yu Y, Lu N

Retrospective Study

- 2404 Epidemiological features and dynamic changes in blood biochemical indices for COVID-19 patients in Hebi

Nie XB, Shi BS, Zhang L, Niu WL, Xue T, Li LQ, Wei XY, Wang YD, Chen WD, Hou RF

Clinical Trials Study

- 2420 Identification and predictive analysis for participants at ultra-high risk of psychosis: A comparison of three psychometric diagnostic interviews

Wang P, Yan CD, Dong XJ, Geng L, Xu C, Nie Y, Zhang S

- 2429 Prognostic significance of peritoneal metastasis from colorectal cancer treated with first-line triplet chemotherapy

Bazarbashi S, Alghabban A, Aseafan M, Aljubran AH, Alzahrani A, Elhassan TA

Observational Study

- 2439 Effect of intraoperative cell rescue on bleeding related indexes after cesarean section

Yu YF, Cao YD

Prospective Study

- 2447 Effectiveness of the combination of workshops and flipped classroom model to improve tube fixation training for nursing students
Wang YC, Cheng HL, Deng YM, Li BQ, Zhou XZ

META-ANALYSIS

- 2457 Mortality in patients with COVID-19 requiring extracorporeal membrane oxygenation: A meta-analysis
Zhang Y, Wang L, Fang ZX, Chen J, Zheng JL, Yao M, Chen WY

CASE REPORT

- 2468 Escitalopram-induced hepatitis: A case report
Wabont G, Ferret L, Houdre N, Lepied A, Bene J, Cousein E
- 2474 Fatal community-acquired bloodstream infection caused by *Klebsiella variicola*: A case report
Long DL, Wang YH, Wang JL, Mu SJ, Chen L, Shi XQ, Li JQ
- 2484 Endoscopic extraction of a submucosal esophageal foreign body piercing into the thoracic aorta: A case report
Chen ZC, Chen GQ, Chen XC, Zheng CY, Cao WD, Deng GH
- 2491 Severe tinnitus and migraine headache in a 37-year-old woman treated with trastuzumab for breast cancer: A case report
Liu YZ, Jiang H, Zhao YH, Zhang Q, Hao SC, Bao LP, Wu W, Jia ZB, Jiang HC
- 2497 Metastatic urothelial carcinoma harboring *ERBB2/3* mutations dramatically respond to chemotherapy plus anti-PD-1 antibody: A case report
Yan FF, Jiang Q, Ru B, Fei XJ, Ruan J, Zhang XC
- 2504 Retroperitoneal congenital epidermoid cyst misdiagnosed as a solid pseudopapillary tumor of the pancreas: A case report
Ma J, Zhang YM, Zhou CP, Zhu L
- 2510 Immunoglobulin G4-related kidney disease involving the renal pelvis and perirenal fat: A case report
He JW, Zou QM, Pan J, Wang SS, Xiang ST
- 2516 Fluoroscopic removal of fractured, retained, embedded Z self-expanding metal stent using a guidewire lasso technique: A case report
Bi YH, Ren JZ, Li JD, Han XW
- 2522 Treatment and five-year follow-up of type A insulin resistance syndrome: A case report
Chen YH, Chen QQ, Wang CL
- 2529 Effective response to crizotinib of concurrent *KIF5B-MET* and *MET-CDR2*-rearranged non-small cell lung cancer: A case report
Liu LF, Deng JY, Lizaso A, Lin J, Sun S

- 2537** Idarucizumab reverses dabigatran-induced anticoagulation in treatment of gastric bleeding: A case report
Jia Y, Wang SH, Cui NJ, Liu QX, Wang W, Li X, Gu YM, Zhu Y
- 2543** Immunoglobulin G4-related disease involving multiple systems: A case report
An YQ, Ma N, Liu Y
- 2550** Daptomycin and linezolid for severe methicillin-resistant *Staphylococcus aureus* psoas abscess and bacteremia: A case report and review of the literature
Hong XB, Yu ZL, Fu HB, Cai ZH, Chen J
- 2559** Isolated scaphoid dislocation: A case report and review of literature
Liu SD, Yin BS, Han F, Jiang HJ, Qu W
- 2569** Dual biologic therapy with ocrelizumab for multiple sclerosis and vedolizumab for Crohn's disease: A case report and review of literature
Au M, Mitrev N, Leong RW, Kariyawasam V
- 2577** Cardiac rehabilitation in a heart failure patient after left ventricular assist device insertion and subsequent heart transplantation: A case report
Yang TW, Song S, Lee HW, Lee BJ
- 2584** Large retroperitoneal atypical spindle cell lipomatous tumor, an extremely rare neoplasm: A case report
Bae JM, Jung CY, Yun WS, Choi JH
- 2591** Hepatocellular carcinoma effective stereotactic body radiotherapy using Gold Anchor and the Synchrony system: Two case reports and review of literature
Masuda S, Tsukiyama T, Minagawa Y, Koizumi K, Kako M, Kinbara T, Haruki U
- 2604** Mantle cell lymphoma with endobronchial involvement: A case report
Ding YZ, Tang DQ, Zhao XJ
- 2610** Fatal systemic emphysematous infection caused by *Klebsiella pneumoniae*: A case report
Zhang JQ, He CC, Yuan B, Liu R, Qi YJ, Wang ZX, He XN, Li YM
- 2616** Takotsubo cardiomyopathy misdiagnosed as acute myocardial infarction under the Chest Pain Center model: A case report
Meng LP, Zhang P
- 2622** Cystic teratoma of the parotid gland: A case report
Liu HS, Zhang QY, Duan JF, Li G, Zhang J, Sun PF
- 2629** Silver dressing in the management of an infant's urachal anomaly infected with methicillin-resistant *Staphylococcus aureus*: A case report
Shi ZY, Hou SL, Li XW
- 2637** Drain-site hernia after laparoscopic rectal resection: A case report and review of literature
Su J, Deng C, Yin HM

- 2644** Synchronized early gastric cancer occurred in a patient with serrated polyposis syndrome: A case report

Ning YZ, Liu GY, Rao XL, Ma YC, Rong L

- 2650** Large cystic-solid pulmonary hamartoma: A case report

Guo XW, Jia XD, Ji AD, Zhang DQ, Jia DZ, Zhang Q, Shao Q, Liu Y

LETTER TO THE EDITOR

- 2657** COVID-19 pandemic and nurse teaching: Our experience

Molina Ruiz JC, Guerrero Orriach JL, Bravo Arcas ML, Montilla Sans A, Escano Gonzalez R

ABOUT COVER

Editorial Board Member of *World Journal of Clinical Cases*, Nicolae Gica, Doctor, PhD, Assistant Professor, Chief Doctor, Surgeon, Department of Obstetrics and Gynecology Surgery, Carol Davila University of Medicine and Pharmacy, Bucharest 063377, Romania. gica.nicolae@umfcd.ro

AIMS AND SCOPE

The primary aim of *World Journal of Clinical Cases* (WJCC, *World J Clin Cases*) is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

WJCC mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

INDEXING/ABSTRACTING

The WJCC is now indexed in Science Citation Index Expanded (also known as SciSearch®), Journal Citation Reports/Science Edition, Scopus, PubMed, and PubMed Central. The 2021 Edition of Journal Citation Reports® cites the 2020 impact factor (IF) for WJCC as 1.337; IF without journal self cites: 1.301; 5-year IF: 1.742; Journal Citation Indicator: 0.33; Ranking: 119 among 169 journals in medicine, general and internal; and Quartile category: Q3. The WJCC's CiteScore for 2020 is 0.8 and Scopus CiteScore rank 2020: General Medicine is 493/793.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: Hua-Ge Yin, Production Department Director: Xu Guo, Editorial Office Director: Jin-Lei Wang.

NAME OF JOURNAL

World Journal of Clinical Cases

ISSN

ISSN 2307-8960 (online)

LAUNCH DATE

April 16, 2013

FREQUENCY

Thrice Monthly

EDITORS-IN-CHIEF

Bao-Gan Peng, Jerzy Tadeusz Chudek, George Kontogeorgos, Maurizio Serati, Ja Hyeon Ku

EDITORIAL BOARD MEMBERS

<https://www.wjgnet.com/2307-8960/editorialboard.htm>

PUBLICATION DATE

March 16, 2022

COPYRIGHT

© 2022 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS

<https://www.wjgnet.com/bpg/gerinfo/204>

GUIDELINES FOR ETHICS DOCUMENTS

<https://www.wjgnet.com/bpg/GerInfo/287>

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH

<https://www.wjgnet.com/bpg/gerinfo/240>

PUBLICATION ETHICS

<https://www.wjgnet.com/bpg/GerInfo/288>

PUBLICATION MISCONDUCT

<https://www.wjgnet.com/bpg/gerinfo/208>

ARTICLE PROCESSING CHARGE

<https://www.wjgnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjgnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>



Large retroperitoneal atypical spindle cell lipomatous tumor, an extremely rare neoplasm: A case report

Jung-Min Bae, Chang-Yeon Jung, Woo-Sung Yun, Joon Hyuk Choi

Specialty type: Oncology

Provenance and peer review:

Unsolicited article; externally peer reviewed.

Peer-review model: Single blind

Peer-review report's scientific quality classification

Grade A (Excellent): A

Grade B (Very good): B

Grade C (Good): C, C

Grade D (Fair): 0

Grade E (Poor): 0

P-Reviewer: Higashida-Konishi M, Li BL, Liu C

Received: September 13, 2021

Peer-review started: September 13, 2021

First decision: November 22, 2021

Revised: November 25, 2021

Accepted: February 10, 2022

Article in press: February 10, 2022

Published online: March 16, 2022



Jung-Min Bae, Chang-Yeon Jung, Department of Surgery, Yeungnam University College of Medicine, Daegu 42415, South Korea

Woo-Sung Yun, Kyungpook National University School of Medicine, Jung-gu, Daegu 41944, Korea

Joon Hyuk Choi, Department of Pathology, Yeungnam University College of Medicine Nam-gu, Daegu 42415, Korea

Corresponding author: Jung-Min Bae, MD, Associate Professor, Department of Surgery, Yeungnam University College of Medicine, 170 Hyeonchung-ro, Nam-gu, Daegu 42415, South Korea. netetern@naver.com

Abstract

BACKGROUND

Atypical spindle cell lipomatous tumor (ASLT) is a rare soft tissue neoplasm with a low potential for malignancy. ASLT frequently occurs in the limb and limb girdles. However, large retroperitoneal ASLTs are extremely rare. There was no concrete case report of retroperitoneal ASLTs.

CASE SUMMARY

An 18-year-old woman presented with abdominal pain and a palpable mass. Abdominal computed tomography revealed a large fatty mass that was approximately 30 cm in size and filled the entire abdominal cavity. Surgical excision was indicated. The tumor did not invade the adjacent organs. The pelvic cavity was then too narrow to dissect smoothly. The mass was successfully excised without tumor rupture or adjacent organ injury. Microscopically, the neoplasm was a well-differentiated adipocytic neoplasm. Immunohistochemical staining showed that the spindle cells were positive for CD34 and desmin, in addition to multifocal positivity for S100 protein. These histological features were consistent with an ASLT. The patient's postoperative course was uneventful. At the 12-mo follow-up, no evidence of recurrence or metastasis was observed.

CONCLUSION

To the best of our knowledge, our study is the first concrete report of a large retroperitoneal ASLT in the English literature. In the large retroperitoneal ASLT located in the pelvic cavity, which made it too narrow and tight to dissect, complete excision is difficult but very important because of recurrence risk. Although large retroperitoneal ASLTs are considered extremely rare, their

detection is important for accurate evaluation and management. Owing to their significant rarity, retrospective multicenter case studies are required to determine the clinicopathologic characteristics.

Key Words: Neoplasms; Retroperitoneal space; Spindle cell; Case report

©The Author(s) 2022. Published by Baishideng Publishing Group Inc. All rights reserved.

Core Tip: To the best of our knowledge, our study is the first concrete report of a large retroperitoneal atypical spindle cell lipomatous tumor (ASLT) in the English literature. ASLT is a rare soft tissue neoplasm. Additionally, retroperitoneal ASLT is extremely rare. In the large retroperitoneal ASLT located in the pelvic cavity, which made it too narrow and tight to dissect, complete excision is difficult but very important because of recurrence risk.

Citation: Bae JM, Jung CY, Yun WS, Choi JH. Large retroperitoneal atypical spindle cell lipomatous tumor, an extremely rare neoplasm: A case report. *World J Clin Cases* 2022; 10(8): 2584-2590

URL: <https://www.wjgnet.com/2307-8960/full/v10/i8/2584.htm>

DOI: <https://dx.doi.org/10.12998/wjcc.v10.i8.2584>

INTRODUCTION

Atypical spindle cell lipomatous tumor (ASLT) is a rare soft tissue neoplasm with a low potential for malignancy or benign characteristics. To date, its etiology remains unknown. ASLT was first described in 1994[1], and for several decades, its diagnosis has been controversial and remains challenging. Recently, a diagnostic consensus has been reached[2].

According to a previous large case study, ASLT frequently occurs in the limb and limb girdles in two-thirds of cases, with a predilection for the hands and feet. However, large retroperitoneal ASLTs are extremely rare. Because of the tight pelvic cavity in the present case, surgical excision was very difficult.

In our study, we present the case of an 18-year-old woman diagnosed with a large retroperitoneal ASLT. Despite the surgical difficulty, the postoperative course was uneventful, and no evidence of recurrence or metastasis was observed at the 12-mo follow-up.

We also conducted a review of the literature. To the best of our knowledge, this is the first concrete report of a large retroperitoneal ASLT in the English literature.

This study was approved by the Institutional Review Board (IRB) of Yeungnam University Medical Center (IRB No. 2021-06-020). The patient provided written informed consent for the publication of the case details at admission.

CASE PRESENTATION

Chief complaints

An 18-year-old asian woman presented to our surgery department with abdominal pain, discomfort, and a palpable mass.

History of present illness

About several months previously, this patient felt abdominal discomfort. However, this patient did not further evaluation.

History of past illness

The patient had no other previous medical history.

Personal and family history

The patient had no personal or family history of similar illnesses.

Physical examination

The initial blood pressure was 120/80 mmHg; heart rate, 86 beats/minute; respiratory rate, 14 breaths/minute; and body temperature, 36.9 °C at admission.

Her bowel sounds were normoactive and regular. Physical examination revealed non-specific tenderness throughout the abdomen. However, a very large mass was palpated from the epigastric area to the pelvic area.

Laboratory examinations

The initial laboratory examination revealed normal levels of leukocytes and hemoglobin.

Imaging examinations

Abdominal computed tomography revealed a large fatty mass with a complex soft tissue component. The tumor was approximately 30 cm × 20 cm × 10 cm in size and filled the entire abdominal cavity (Figure 1A). The tumor pushed up the abdominal viscera from the pelvic cavity.

The results led us to consider retroperitoneal neoplasm, including retroperitoneal liposarcoma.

FINAL DIAGNOSIS

Microscopically, the neoplasm was a well-differentiated adipocytic neoplasm with a variable myxoid or collagenous stroma, and the pathologic margin was negative. Delicate and ropey collagen bundles were observed. There was an admixed spindle cell component that showed mild nuclear atypia and hyperchromatia, greater than that usually seen in a benign lipoma, but lesser than that usually seen in a well-differentiated liposarcoma. Immunohistochemical staining showed that the spindle cells were positive for CD34 and desmin, in addition to multifocal positivity for S100 protein, but were negative for MDM2. FISH analysis (fluorescence in situ hybridization) shows no MDM2 amplification (Figure 2). Rb staining revealed positive findings, that is, normal/retained status.

A final diagnosis is ASLT in retroperitoneum based on the immunohistochemical staining and FISH analysis of the tumor tissue.

TREATMENT

Surgical excision was indicated, and elective exploration was performed thereafter. Laparotomy revealed a huge retroperitoneal tumor. The abdominal organs were normal. The tumor did not invade the adjacent organs. However, it extended to the pelvic cavity and severely attached to the anterior surface of the coccyx and sacrum; the pelvic cavity was then too narrow to dissect smoothly. The peritumoral dissection in pelvic cavity was very difficult and the dissection was performed little by little dissection manner in both lateral pelvic wall surface, anterior coccyx surface and posterior pubic ramus surface. Intra-operative bleeding amount was about 700cc. However, no transfusion was performed in post-operative periods.

Therefore, the surgery was performed for 8 h. The mass was successfully excised without tumor rupture or adjacent organ injury. Gross and microscopic examinations in frozen section biopsy revealed negative surgical margins. The tumor weighed approximately 5000 g, had an egg-shaped appearance, and was 38 cm × 24 cm × 11.5 cm in size (Figure 1B).

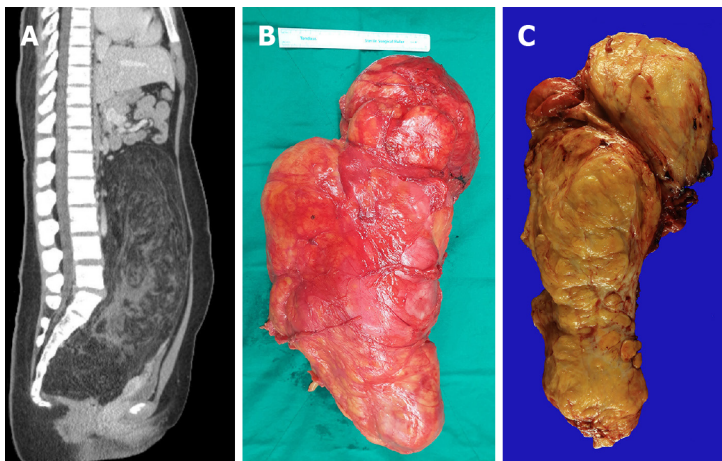
The cut surface showed a large fatty mass with diffuse heterogeneous fibrotic change. No hemorrhage or necrosis was observed (Figure 1C).

OUTCOME AND FOLLOW-UP

The patient's postoperative course was uneventful, and recovery after surgery was satisfactory; at the 12-mo follow-up, no evidence of recurrence or metastasis was observed (Figure 3). At the time of preparation of this article, the patient is alive and well.

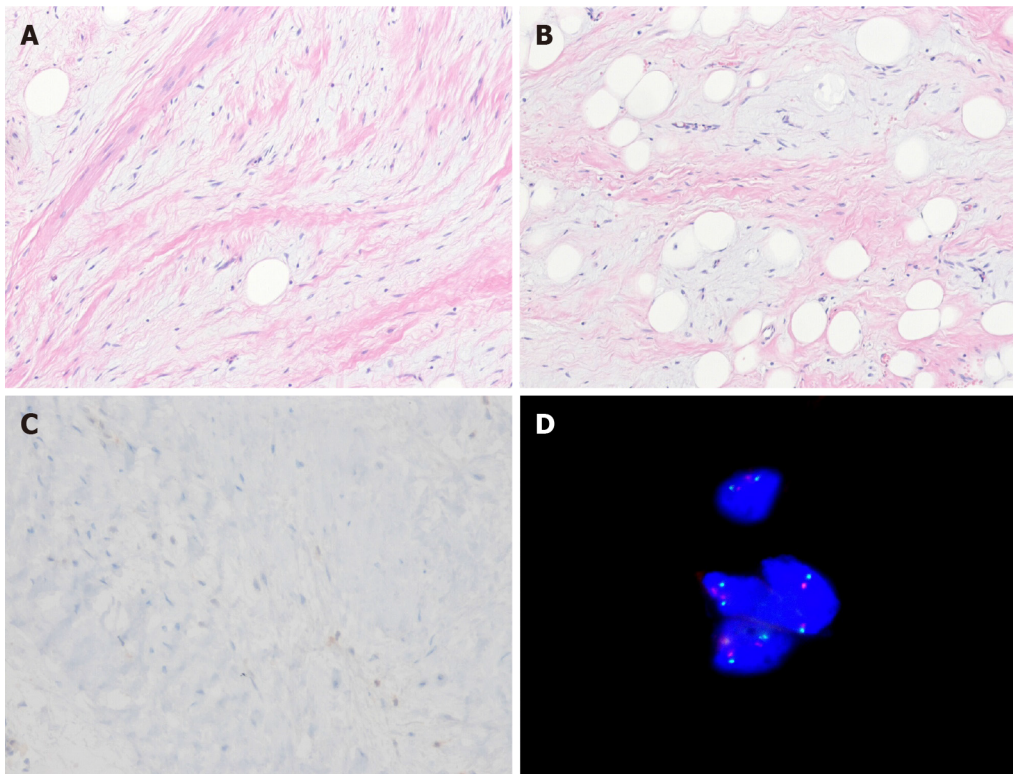
DISCUSSION

ASLT was first described in 1994[1]. It was previously called spindle cell liposarcoma, differentiated spindle cell liposarcoma, and atypical spindle cell lipoma. Although its diagnosis has been controversial and remains challenging for some time, consensus that ASLT is a subtype of spindle cell lipoma with features different from those of atypical lipoma-like tumor/well-differentiated liposarcoma has been reached[2]. In 2017, researchers suggested that ASLT and atypical pleomorphic lipomatous tumor (APLT) belong to the same morphologic spectrum, named atypical spindle cell/pleomorphic lipomatous tumor (ASPLT)[3]. Additionally, ASPLT is described in the 5th edition of the World Health Organization (WHO) classification of soft tissue and bone tumors in 2020[4]. Although ASPLT has



DOI: 10.12998/wjcc.v10.i8.2584 Copyright © The Author(s) 2022.

Figure 1 Abdominal computed tomographic findings and gross findings. A: Large fatty mass with a complex soft tissue component. The tumor was filled the entire abdominal cavity and pushed up the abdominal viscera from the pelvic cavity; B: The tumor weigh approximately 5000 g, had an egg-shaped appearance, and measures 38 cm × 24 cm × 11.5 cm in size; C: The cut surface show a large fatty mass with diffuse heterogeneous fibrotic change. No hemorrhage or necrosis is observed.

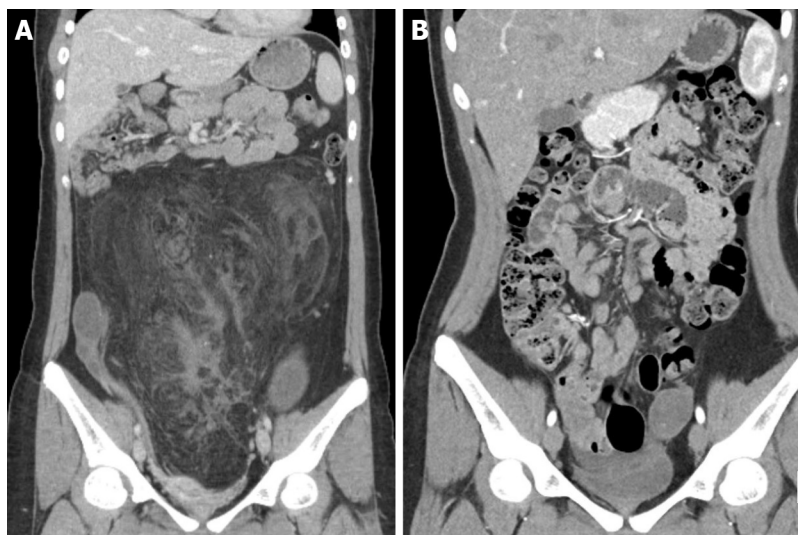


DOI: 10.12998/wjcc.v10.i8.2584 Copyright © The Author(s) 2022.

Figure 2 Microscopic findings. A: The neoplasm shows spindle cells with mild nuclear atypia and hyperchromasia. There are admixed adipocytes (Hematoxylin and eosin stain, × 100); B: The variation of adipocytic size and myxoid stroma are present (Hematoxylin and eosin stain, × 100); C: The spindle cells are negative for MDM2 (Immunohistochemical stain, × 200); D: Fluorescence in situ hybridization shows no MDM2 amplification.

similar clinicopathologic and biological features, ASLT and APLT have different morphological spectra [3].

According to the largest series on ASLTs, the male-to-female sex ratio was 3:2, and the median patient age was 54 years[2]. ASLT develops in the limb and limb girdles in two-thirds of cases, with a predilection for the hands and feet and an approximately equal distribution between superficial and deep sites. They less commonly occur in the head and neck, genitals, and trunk, with very rare retroperitoneal involvement[2].



DOI: 10.12998/wjcc.v10.i8.2584 Copyright © The Author(s) 2022.

Figure 3 Computed tomography. A: Pre-operative computed tomography findings; B: post-operative follow up computed tomography findings. At the 12-mo follow-up, no evidence of recurrence or metastasis was observed.

The mean size of reported tumors ranges from 5 to 8.5 cm[5]. However, our case developed a tumor in the retroperitoneum with a size of 38 cm.

Interestingly, the clinical findings of our case, including the patient's age and sex and tumor location and size, are different from the previously published characteristics of ASLT[2].

The frequent clinical manifestations of ASLT are persistent or enlarged soft tissue masses, nodules, or swelling, sometimes with tenderness. The rare clinical complaints include skin ulceration, local pain, cutaneous vascular markings, cough and hemoptysis, proptosis, night sweats, and abdominal discomfort[2].

Microscopically, the ASLT in our case consisted of a poorly margined proliferation of mildly atypical spindle cells set in a fibrous or myxoid stroma, with a variably prominent admixed adipocytic component showing variation in adipocyte size and scattered nuclear atypia, frequently with univacuolated or multivacuolated lipoblasts. Tumor cellularity and the relative proportions of the different components highly varied[2].

Although the tumor margins in ASLT are often ill defined with invasion to the surrounding tissues [2], no such invasion was observed in our case.

The definite diagnosis of atypical adipocytic neoplasm with spindle cell features remains challenging for several decades. Recently, a diagnostic consensus has been reached owing to a better biological understanding with substantial contributions from cytogenetics, molecular genetics, and immunohistochemical correlates[2].

CD34 expression is often observed in ASLTs, which is helpful for diagnosis[2,3,5]. Rb protein expression loss is present in 57% of ASLT[2]. In a previous study, the diagnostic sensitivity of CD34 was 64%, and MDM2 expression was not observed in ASLT. Weak and/or focal expression of MDM2 or CDK4 is occasionally present but is always present in the absence of genomic amplification[2].

Molecular studies have shown deletions or losses of 13q14, including RB1 and its flanking genes RCBTB2, DLEU1, and ITM2B in a significant subset of atypical spindle cell/pleomorphic lipomatous tumors and a consistent absence of MDM2 amplification[2,3,6].

In addition, monosomy 7 has been reported in some cases[7].

In our case, MDM2 expression was negative, and amplification was absent. The negativity of MDM2, CDK4, and FISH for MDM2 amplification highlights critical biological differences between ASLT and dedifferentiated liposarcoma[2,5].

ASLTs can show a wide variety of microscopic features, and differential diagnosis is important and difficult. In our review, differential diagnosis of spindle cell-poor to spindle cell-rich variant of ASPLT was introduced[5]. The spindle cell-associated variants were spindle cell/pleomorphic lipoma, atypical lipomatous tumor/well-differentiated liposarcoma, dedifferentiated liposarcoma, pleomorphic liposarcoma, mammary-type myofibroblastoma, cellular angiofibroma, and solitary fibrous tumors.

The treatment of ASLT involves complete excision, similar to other soft tissue malignant neoplasms. In a large retrospective series, the local recurrence rate was approximately 12%. However, distant metastases were not observed. When complete excision was performed, further oncologic treatment was not required. In previous studies, preoperative or postoperative chemotherapy and radiotherapy were performed in several patients. However, the effectiveness or necessity of chemo-therapy or radiotherapy remains unknown[2].

ASLT is classified as a benign neoplasm according to the 2020 WHO classification of tumors of soft tissue and bone[4]. However, several researchers believe that ASLT has a low potential for malignancy or has an intermediate biological potential[2]. Therefore, in our case of a large retroperitoneal ASLT located in the pelvic cavity, which made it too narrow and tight to dissect, complete excision is difficult but very important. Therefore, the surgeon should excise and dissect the tumor carefully without tumor spillage.

According to a large retrospective series, tumor recurrence may develop from 6 mo after the initial surgery; nevertheless, recurrence-related death may not be observed[2].

As mentioned above, large retroperitoneal ASLTs are extremely rare. In the largest series of ASLT cases, retroperitoneal ASLT was found in only two patients. However, the clinical data of these two retroperitoneal ASLT cases, including the patients' age and sex, tumor size, and prognosis, were not available. Therefore, to the best of our knowledge, our study is the first concrete report of a large retroperitoneal ASLT in the English literature.

CONCLUSION

In conclusion, our study presents a case of a large retroperitoneal ASLT treated with complete excision. In the large retroperitoneal ASLT located in the pelvic cavity, which made it too narrow and tight to dissect, complete excision is difficult but very important. Although large retroperitoneal ASLTs are considered extremely rare, their detection is important for accurate evaluation and management. Owing to their significant rarity, retrospective multicenter case studies are required to determine the clinicopathologic characteristics.

FOOTNOTES

Author contributions: Jung CY, Yun WS, and Bae JM performed the surgery; Jung CY, Yun WS, Choi JH, and Bae JM wrote the manuscript; Choi JH performed the histopathologic diagnosis; Bae JM was the patient's doctor, who revised the manuscript; all authors have read and approved the final manuscript.

Supported by the 2016 Yeungnam University Research Grant.

Informed consent statement: Written Informed consent was obtained from the patient for publication at admission.

Conflict-of-interest statement: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

CARE Checklist (2016) statement: The authors have read the CARE checklist (2016), and the manuscript was prepared and revised according to the CARE Checklist (2016).

Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <https://creativecommons.org/licenses/by-nc/4.0/>

Country/Territory of origin: South Korea

ORCID number: Jung-Min Bae 0000-0003-0923-763X; Chang-Yeon Jung 0000-0002-4681-0936; Woo-Sung Yun 0000-0001-8956-8310; Joon Hyuk Choi 0000-0002-8638-0360.

S-Editor: Liu JH

L-Editor: A

P-Editor: Liu JH

REFERENCES

- 1 **Dei Tos AP**, Mentzel T, Newman PL, Fletcher CD. Spindle cell liposarcoma, a hitherto unrecognized variant of liposarcoma. Analysis of six cases. *Am J Surg Pathol* 1994; **18**: 913-921 [PMID: 8067512 DOI: 10.1097/00000478-199409000-00006]
- 2 **Mariño-Enriquez A**, Nascimento AF, Ligon AH, Liang C, Fletcher CD. Atypical Spindle Cell Lipomatous Tumor: Clinicopathologic Characterization of 232 Cases Demonstrating a Morphologic Spectrum. *Am J Surg Pathol* 2017; **41**: 234-244 [PMID: 27879515 DOI: 10.1097/PAS.0000000000000770]
- 3 **Creytens D**, Mentzel T, Ferdinande L, Lecoutere E, van Gorp J, Atanesyan L, de Groot K, Savola S, Van Roy N, Van Dorpe

- J, Flucke U. "Atypical" Pleomorphic Lipomatous Tumor: A Clinicopathologic, Immunohistochemical and Molecular Study of 21 Cases, Emphasizing its Relationship to Atypical Spindle Cell Lipomatous Tumor and Suggesting a Morphologic Spectrum (Atypical Spindle Cell/Pleomorphic Lipomatous Tumor). *Am J Surg Pathol* 2017; **41**: 1443-1455 [PMID: 28877053 DOI: 10.1097/PAS.0000000000000936]
- 4 **Sbaraglia M**, Bellan E, Dei Tos AP. The 2020 WHO Classification of Soft Tissue Tumours: news and perspectives. *Pathologica* 2021; **113**: 70-84 [PMID: 33179614 DOI: 10.32074/1591-951X-213]
- 5 **Lecoutere E**, Creytens D. Atypical spindle cell/pleomorphic lipomatous tumor. *Histol Histopathol* 2020; **35**: 769-778 [PMID: 32068239 DOI: 10.14670/HH-18-210]
- 6 **Creytens D**, van Gorp J, Savola S, Ferdinande L, Mentzel T, Libbrecht L. Atypical spindle cell lipoma: a clinicopathologic, immunohistochemical, and molecular study emphasizing its relationship to classical spindle cell lipoma. *Virchows Arch* 2014; **465**: 97-108 [PMID: 24659226 DOI: 10.1007/s00428-014-1568-8]
- 7 **Italiano A**, Chambonniere ML, Attias R, Chibon F, Coindre JM, Pedeutour F. Monosomy 7 and absence of 12q amplification in two cases of spindle cell liposarcomas. *Cancer Genet Cytogenet* 2008; **184**: 99-104 [PMID: 18617058 DOI: 10.1016/j.cancergencyto.2008.04.004]



Published by **Baishideng Publishing Group Inc**
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-3991568

E-mail: bpgoffice@wjgnet.com

Help Desk: <https://www.f6publishing.com/helpdesk>

<https://www.wjgnet.com>

