

RECURRENT RETROPERITONEAL SARCOMA WITH ILIAC VESSELS INVASION – A CASE OF VASCULAR RECONSTRUCTION

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INTRODUCTION

The primary pattern of treatment failure after resection of recurrent retroperitoneal sarcoma (RPS) is local recurrence. If there is evidence of involvement or encasement of critical structures the tumour is deemed locally unresectable, although all patients with localized RPS should be offered surgery. If an adjacent structure cannot be surgically separated from the tumour without leaving gross disease behind, it should be resected en bloc with the tumour.

CASE REPORT

62-year-old female with no relevant medical background.

April 2017

Newly diagnosed retroperitoneal sarcoma → **en bloc resection** together with the right ovary and fallopian tube.

Intraoperatively: adherence to the external/internal iliac vessels, psoas muscle and right ureter → straightforward dissection and invasion macroscopically unnoticeable.

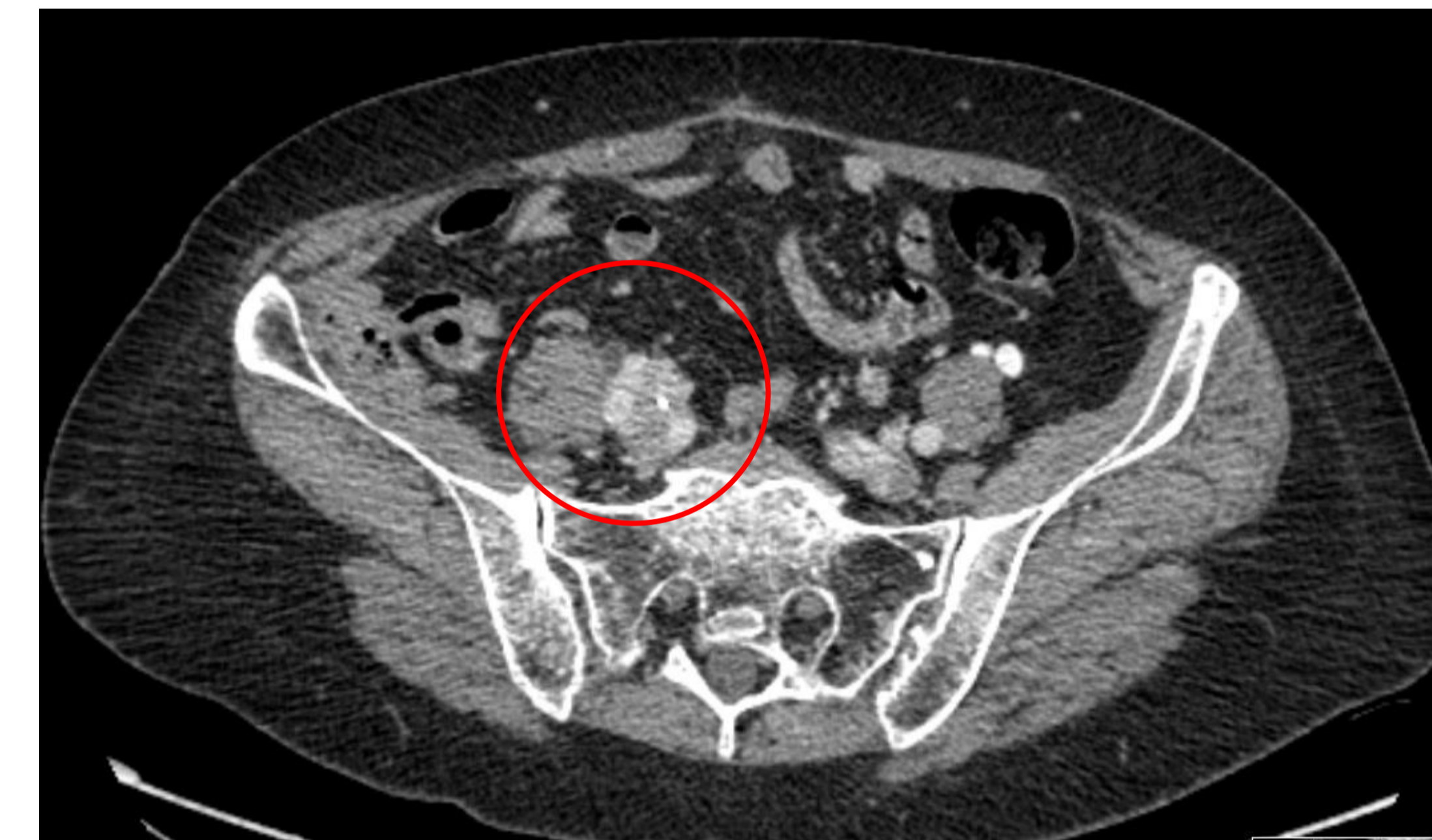
Dedifferentiated retroperitoneal sarcoma with focal positive surgical margins.

- The patient wasn't submitted to *any adjuvant treatment*.
- Asymptomatic for over a year, regular follow-up appointments.

July 2018

Routine CT: **tumoral recurrence (2,5x2,5cm) with invasion internal and external iliac vessels**. No signs of metastatic disease.

Resection surgery with collaboration of Urology and Vascular Surgery.

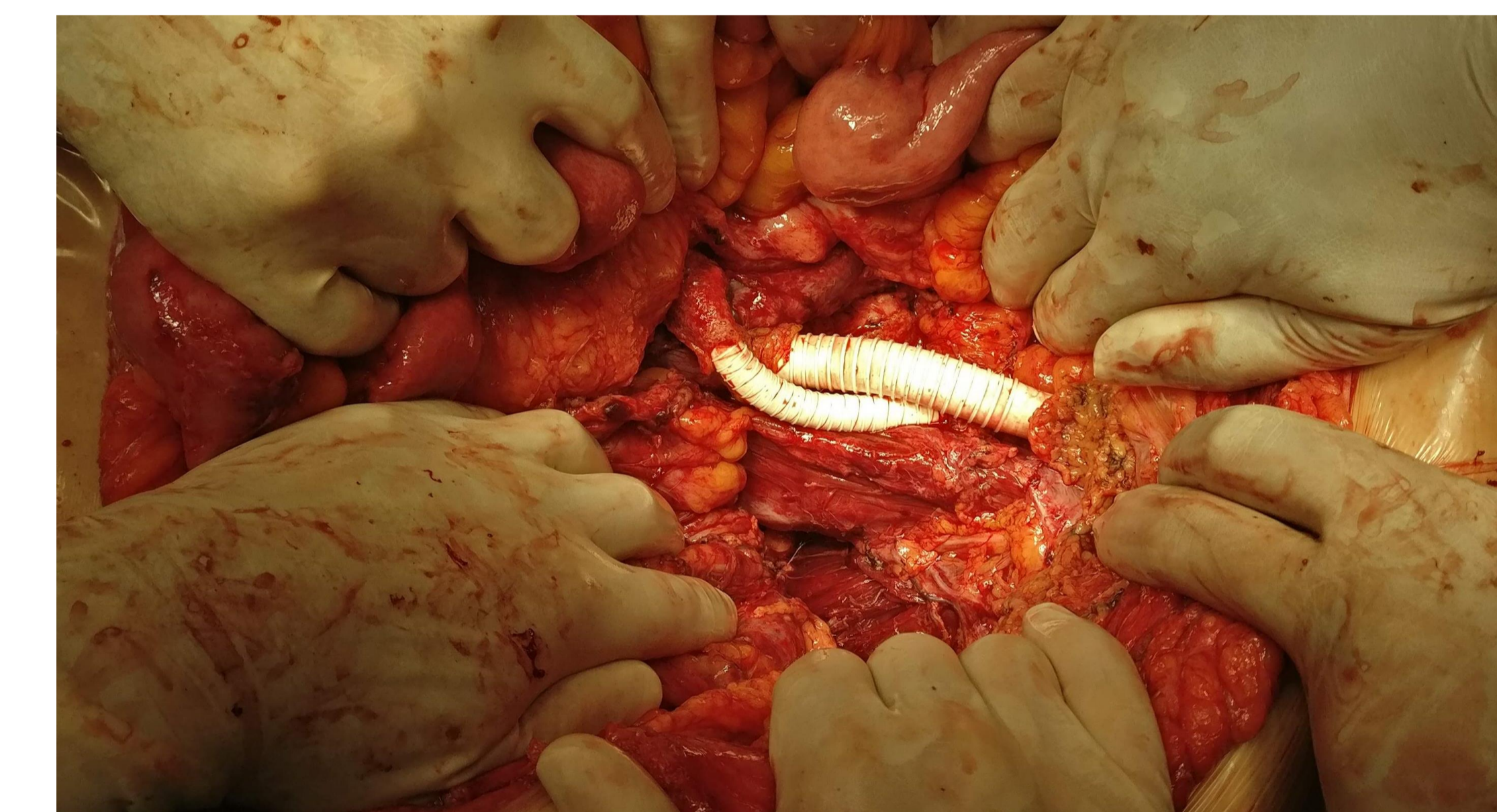


Post surgery

- Antiaggregation + anticoagulation + compression stockings
- Four-month follow-up period → **no complications related to the vascular procedure.**
- Undergoing chemotherapy as prescribed by the oncologist.

→ **Right distal common iliac vessels and external iliac vessels clamped and sectioned allowing en bloc resection. Internal iliac vessels sacrificed.**

→ **End-to-end bypasses of the iliac vessels using 12mm ePTFE graft for the veins and 8mm ePTFE graft for the arteries.**



CONCLUSION

Tumoral invasion of vascular structures requires a preoperatively anticipation for vascular resection and reconstruction. Oncologic outcomes in patients who have undergone major vascular resection are comparable to those without vascular involvement.

This case report demonstrates a successful resection of a locally RPS with vascular involvement, increasing the patient's survival.