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CASE REPORT

# Interesting Clinical Presentation of Myxoid Liposarcoma of Oropharynx

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## ABSTRACT

**Aims:** To describe an unusual presentation of myxoid liposarcoma of oropharynx and a brief review of literature.

**Introduction:** Liposarcomas of head and neck are very rare. Its treatment and prognosis mainly depends on the site and the histologic pattern of the tumor.

**Case presentation:** The present case report describes a 65-year-old male with complaints of dysphagia, dyspnea, and a peculiar complaint of mass in the throat which turned out to be a low-grade myxoid liposarcoma arising from right lateral wall of oropharynx extending intraluminal in the esophagus, compressing posterior wall of trachea. The mass was successfully excised surgically and postoperative period was uneventful and patient was asymptomatic 4 months after surgery.

**Conclusion:** Myxoid liposarcoma is a rare tumor in head and neck and surgical excision with adequate margin is the treatment of choice.

**Keywords:** Sarcoma, Myxoid liposarcoma, Oropharynx.

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## INTRODUCTION

Liposarcomas occur preferentially in the extremities and retroperitoneum. Only 2% of these cases are known to occur in head and neck region. Treatment and prognosis to a large extent depends on the site and histologic pattern of the tumor. Here, we highlight a rare case of oropharyngeal myxoid liposarcoma with an unusual presentation and its management, and a brief review of literature.

## CASE REPORT

A 65-year-old male patient presented with history of change in voice and dysphagia of 1 month duration and dyspnea for 2 weeks. He had a peculiar complaint of mass in the throat since 2 weeks which he used to manually pull out through the mouth to relieve the dyspnea.

On examination, he was found to have hot potato voice and inspiratory stridor. Telescopic examination of larynx could not be done as the patient developed respiratory distress on attempting it however, he managed to pull out an elongated soft tissue mass digitally from oropharynx. The distal end of mass was ulcerated. Computed tomographic (CT) scan with contrast showed 13.6 × 2.9 × 3.8 cm (CC × AP × T) soft tissue mass with fatty component arising from the right lateral wall of oropharynx at level of C3 vertebrae and extending intraluminal in the esophagus till the level of T3 vertebrae and compressing the posterior wall of trachea (Figs 1 and 2). There was no significant lymphadenopathy.

Patient was tracheostomized. Under general anesthesia the mass was delivered into oral cavity. With a mouth gag the base of the elongated soft tissue mass was identified in right lateral wall of oropharynx, beyond it was a globular smooth submucosal soft tissue mass in accordance with CT scan findings (Fig. 3). The mass was excised enbloc with a wide mucosal margin. The pharyngeal defect was allowed to heal by secondary intention. Histology revealed a well-encapsulated tumor consisting predominantly of myxoid stroma with few mature fat cells, lipoblasts and floret cells, and features suggestive of low-grade myxoid liposarcoma. Postoperative period was uneventful and patient was asymptomatic 4 months after the surgery.

## DISCUSSION

Liposarcomas account to 8 to 17% of soft tissue sarcomas.[1] The common sites of occurrence of liposarcoma are the extremities and retroperitoneum. Head and neck liposarcomas are rare, with an incidence of 2 to 3%.[1] Liposarcomas can masquerade as benign tumors at times,

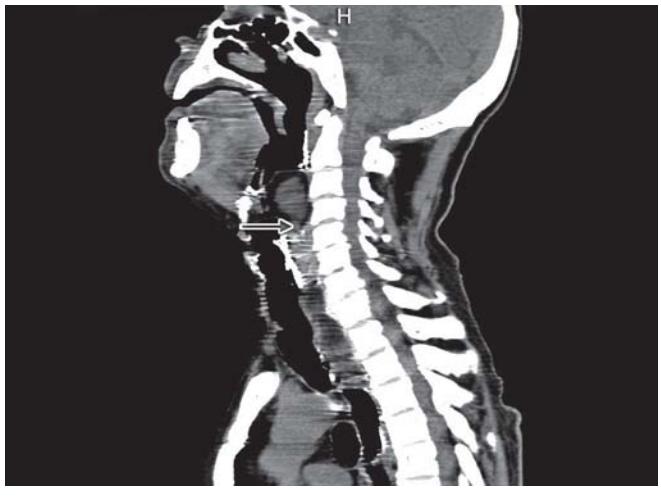


**Fig. 1:** Sagittal section of CT scan showing soft tissue intraluminal mass in esophagus with fatty component compressing the posterior wall of trachea

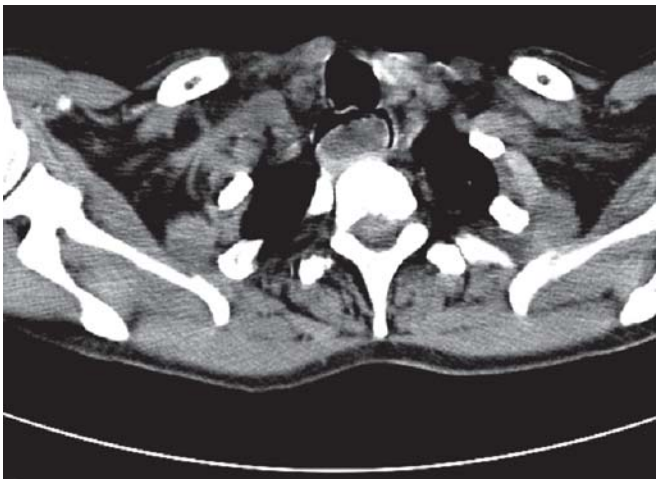

**Fig. 2:** Axial section of CT scan showing soft tissue intraluminal mass in esophagus with fatty component compressing the posterior wall of trachea

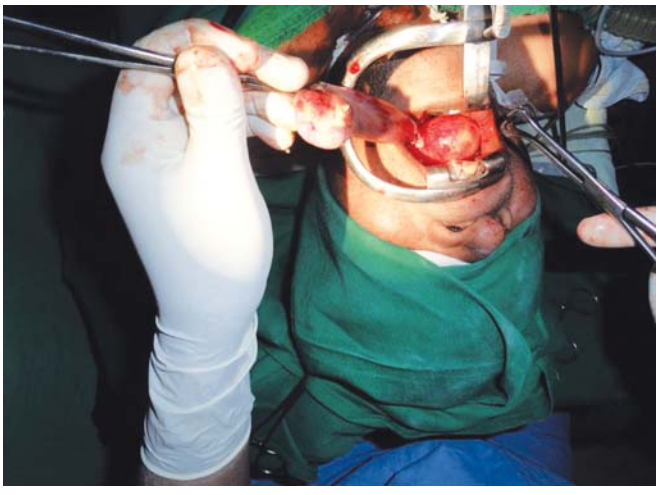

**Fig. 3:** Intraoperative photograph showing elongated soft tissue mass with submucosal component arising from right lateral wall of oropharynx

and are even missed on histopathological examinations, which may lead to errors in diagnosis and treatment.[2]

Liposarcomas are classified into well differentiated, myxoid, pleomorphic and dedifferentiated types.[3] Well differentiated and myxoid liposarcomas are usually associated with good prognosis, whereas young age at presentation and female patients tend to suffer from high-grade tumors and a poor prognosis.[2]

Myxoid liposarcomas account to 45 to 55% of all liposarcomas.[1] Aerodigestive tract myxoid liposarcomas are rare and usually present with symptoms due to compression or traction on the surrounding structures. Patient can at times present with dyspnea, dysphagia or hoarseness. Pure myxoid liposarcomas rarely metastasize to the lymph nodes. In contrast to other liposarcomas they can metastasize to lungs, bone, pleura, pericardium. Few observers suggest it to be a multicentric origin rather than metastasis.[3] Myxoid liposarcomas are best treated with surgical excision with a wide margin. They have a survival rate of 80% at 5 years and 50% at 10 years,[4] which is usually determined by the negative margins achieved at the time of surgery. Myxoid liposarcomas are known to have a high risk of local recurrence. Combined modality with adjuvant chemotherapy or radiotherapy is reserved for high-grade, positive margins and tumors in complex anatomical locations.[3]

## CONCLUSION

Myxoid liposarcoma is a rare tumor in head and neck and surgical excision with adequate margin is the treatment of choice. The long-term prognosis is good. However, regular follow-up is mandatory as they are known to have distant metastasis.

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