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Retroperitoneal Tumors

Guzy zaotrzewnowe

Туморы забрюшинного пространства

Retroperitoneal tumors (RPTs) are most commonly found in anatomically confined spaces. Primary RPTs are to be distinguished from those arising from retroperitoneal organs or from the metastatic masses. They may originate either from anyone of the three embrional leaves or may take on more complex composition, consequently accounting for their varied histological appearance (1, 10).

Badowski et al. (1) gave the following occurrence ratio: mesenchymal tumors account for 61.5%, mixed tumors for 23% and nervous tissue tumors — 15.5% They possess either benign or malignant potentials, with invasion of the neighbouring tissues and organs by the growth (3, 6, 9, 13, 14).

The mode of disease at early stage is rarely conspicuous. Patients usually present with vague abdominal pains and palpable resistance. The techniques that are employed consist in the CT, USG and the selective angiography accompanied by passage films and the urography.

The mainstay of the treatment is radical resection of tumor. It is being done within the possibly widest margin of the healthy tissue, which is believed to give protection against recurrence. The resection of benign tumors is attended by good results, while malignancies, especially lately diagnosed held gloom prognosis in terms of the 5-year-survival rate because of their extend and unopposed growth.

MATERIAL AND METHODS

In the period of 1981—1987, 22 patients with the primary RPTs were operated upon in our Clinic: 9 men and 13 women. Mean age was 43.7. Three of them had to be re-operated because of local recurrence. Histological arrangement of tumors is shown in Table 1.

Table 1

Histological structure	No. of cases
1. Connective tissue	
a. <i>Fibromyxoma</i>	1
b. <i>Liposarcoma myxoides</i>	2
c. <i>Mesenchymal malignant neo</i>	5
2. Blood forming reticular tissue	
a. Malignant <i>lymphoma</i>	1
b. <i>Centroblastical lymphoma</i>	1
c. <i>Xantofibroma</i>	1
3. Muscle tissue	
a. <i>Leiomyoma</i>	1
b. <i>Leiomyosarcoma</i>	1
4. Nervous tissue	
a. <i>Ganglioneuroma</i>	3
b. <i>Neurilemmoma</i>	1
5. Cystic formations	5

Presenting symptoms had been abdominal pains, loss of the body weight and the palpable abdominal resistance. In one case ileus was predominant sign.

In the pre-operative period contrast X-ray studies of alimentary tract were performed in all patients. Nine patients underwent gastro and duodenoscopy, 5 — small bowel passage and 14 patients had barium enema. In all cases replacement, malformation or external pressure on involved organs were demonstrated by at least one of these studies. It allowed for the evaluation of the extend and the situation of tumors. Additionally, 5 patients had CT and 8 USG done. All patients underwent urography and ten of them aortonephrography.

RESULTS

Benign tumors were radically resected in 12 patients. The results were regarded as the most satisfactory. Malignant cases were treated radically in 3 patients; one with liposarcoma myxoides and two with malignant *mesenchymoma*. The remaining 7 patients underwent exploratory laparotomy only, with the biopsy material taken for the histopathological evaluation. Two of them with malignant *lymphoma* and *lymphoma centroblasticum* were given radiotherapy, which provided palliation of pain. In the post-operative period 2 cases of death were recorded. Additionally, one woman succumbed as the result of intra-operational bleeding in course of resection of malignant *mesenchymoma*.

DISCUSSION

Many authors (2, 7, 8, 11, 12) emphasize that the clinical features of RPTs are hardly conclusive. The development is affected by a time factor and no objective symptoms are early detectable. The disease-related problems are those of the

external pressure or the replacement of affected organs. In our material the most common symptoms were a palpable abdominal mass and uncharacteristic pains.

It is generally believed that the malignant tumors constitute 80% of RPTs (1, 5, 15). In our material they accounted for 50% cases.

Regarding prognosis, it is thought that the early diagnosis is of the utmost importance. It allows for the curable resection of benign tumors and enhances the long-term prognosis in malignancy.

Recent employment of the USG combined with the thin-needle biopsy, the CT and the selective angiography held the promise of early detection of RPTs (14, 15). They also permit for the more detailed evaluation of shape, extend of growth, its vascularisation and its relationship to the neighbouring organs and big vessels. The lack of the CT facilities in the previous period precluded performance of this study to more than 5 patients, though the contour X-rays of bowels and the urography proved also reliable. All our patients had these procedures done. Benign tumors are amendable to radical resection, while in the malignant cases operation often becomes unpracticable because of technical difficulties. Only 3 patients have had radical resection.

Conclusions

1. Modern techniques are helpful in localization of RPTs.
2. The ultimate character of tumor structure could only be established during exploratory laparotomy with subsequent histopathological studies.

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STRESZCZENIE

Przedstawiono 22 przypadki pierwotnych guzów przestrzeni zaotrzewnowej, operowanych w II Klinice Chirurgii Ogólnej w latach 1981—1987. Wśród leczonych guzy złośliwe stanowiły 50% przypadków. Najczęstszym i najwcześniejszym objawem u chorych był guz brzucha oraz niecharakterystyczne bóle. W rozpoznawaniu guzów zastosowano badania kontrastowe przewodu pokarmowego, układu moczowego i naczyń, a z nowszych metod — tomografię komputerową i ultrasonografię. W 15 przypadkach usunięto guz w całości, a w 7 przypadkach zabieg ograniczono do otwarcia jamy brzusznej i pobrania wycinków do badania histopatologicznego.

РЕЗЮМЕ

Представлено 22 случая первичных опухолей забрюшинного пространства оперированных во II-ой Клинике общей хирургии в 1981—1987 годах. Между ними получилось около 50% злокачественных опухолей. Самые ранние симптомы у больных это: опухоль живота и неспецифические боли. Для диагностики опухолей авторы употребляли контрастные исследования: пищеварительного тракта, мочевой системы и кровеносных сосудов. Из новейших диагностических методов применяли компьютерную томографию и ультразвуграфию. В 15 случаях провели тотальную резекцию опухоли, а в 7 случаях сделали лапаротомию и взяли кусочки тканей для гистопатологического исследования.