GIGANTIC BENIGN TUMOR OF THE RIGHT UPPER LEG

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GIGANTSKI BENIGNI TUMOR DONJIH EKSTREMITETA

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ABSTRACT

Introduction: Deep vein insufficiency of the lower extremities can cause many serious symptoms and severe disability. It is more intensive when it is complicated by a gigantic benign tumor.

Case Notes: The 63-year-old patient visited a doctor because of the pain in her lower legs. She had trouble walking and difficulties on urination. In the case history she stated many accompanying conditions which were usually related to insufficiency of venous circulation. The main cause of her difficulties was a gigantic tumor of the right upper leg. The change was present there for three years and made micturition difficult for the last ten months. Clinical examination set the indication for surgical treatment. During the routine preoperative preparation it was established that the patient also suffered from a serious insufficiency of deep veins. She was treated preoperatively for ten days with adequate anti-coagulant therapy. She was operated under the spinal anesthesia. During the intervention, saphenous vein was prepared carefully. The saphenous vein was about 1.40 meters long, curved a lot and with thickened walls. Tumor, fibrolipoma, of 3350 grams was removed.

Conclusion: The problem of the patient was solved with radical operation. Because of the insufficiency of the deep veins, saphenous vein was saved. It was lengthened a lot because of long-lasting process and the size of the tumor, so the preparation lasted for a few hours. The patient dealt with the intervention well, so she was discharged and advised to continue her treatment by a phlebotomist.

Key Words: Gigantic benign tumor, fibrolipoma, vein insufficiency, anti-coagulants.

INTRODUCTION

Gigantic benign tumors, although benign in their nature, can cause great troubles to the patients (5) (by their size, pressure on the surrounding structures, closing the natural openings, causing hypertension in natural cavities, etc.), so it was said that they were malignant by their localization. To the patient who came to us, benign tumor of fat tissue that was located on her right upper leg prac-tically disabled normal micturition by its size. This additionally complicated the patient’s underlying disease as well (insufficiency of deep veins of the lower extremities). All of the things previously mentioned can also cause a severe disability.
CASE NOTES:

A female patient, 63 years old (Figure 1), visited the doctor because of her micturition difficulties, troubled walking and pains in her lower extremities. General practitioner referred her to a surgeon. In the case-history the patient said that she noticed a “swelling” of her right upper leg three years ago. She didn’t have any difficulties at the beginning but the swelling grew gradually, so her troubles with walking started a few months ago, and the other complications later on. She has been treated because of vascular problems for a long time.

The patient’s first symptoms started after a traffic accident, when she was hurt as a pedestrian. She was brought unconscious to the Emergency Centre as an urgent case. During the diagnostics it was confirmed that there was a serious injury of her pelvis with the opening of her pelvic ring. There was also a serial fracture of ribs on the left side (from the third to the seventh) as well as numerous blood boils and grazes on the body. There was a slight hemi paresis of the left side. She was treated conservatively and she was set into the “swing” after her neurological condition had been stabilized. Thrombosis of deep iliac vein developed, regardless of anti-coagulant therapy. During the hospitalization, acute holocys-
titis appeared with gradual development of the acute abdomen. She was then operated urgently and hololecystectomy was done. Soon after the surgery, a lung microembolization occurred. Gradual recovery ensued, due to intensive and anti-coagulant therapy.

The patient was referred to physical therapy after several months of hospitalization. During the therapy thrombosis of deep veins persisted. When the therapy ended, the patient’s health became stable and she was released from the hospital.

She was operated because of incarcerated umbilical hernia six years ago, when the intensive anti-coagulant therapy was administered again to prevent the deep veins thrombosis.

She was hospitalized as an urgent case five years ago because of thrombosis of deep veins and cellulitis of both legs.

Two years later she was hospitalized again as an urgent case because of left leg swelling and redness, with the signs of cellulitis as well. She was then treated conservatively, with anticoagulants and high doses of antibiotics.

The patient had extra systoles among the concomitant diseases, and she was taking drugs for it regularly.

Inspection showed that the tumor mass of the right upper leg was as big as a watermelon and it practically completely closed her vagina, not letting the patient to put her legs together. Palpation confirmed that it was a tumor of soft consistency; it was lightly sensitive to the pressure, movable and lightly fixed for the surface.

At the admission to Surgery Clinic, complete laboratory blood and urine examinations were done: Gly-6,7, Urea-5,1, Creatinine-76, Total proteins-72, Albumin-39, Cholesterol-5,73, Tryglicerides-2,28, AST-11, ALT-16, Amylase-23, CK-52, LDH-336, Globulins-33, SE-54/87, Er-4,0, Le-6,1, Hb-121, INR-3,37, APTT-27,8. Hematologist and cardiologist were consulted. A low molecular heparin in prophylactic doses was introduced preoperatively. Color duplex scan of leg veins was also done preoperatively. Iliac and femoral veins were reciprocally compressive, their walls were thickened, and their spontaneous phasic flow was due to fresh thrombotic masses. The walls of popliteal veins were thickened with echoic masses along the wall of the blood vessel. The walls of tibial veins were thickened with echoic masses along the wall of the blood vessel.

After the intensive preoperative preparation, the patient was operated under the spinal anesthesia. Large amount of serous liquid was leaking out the tumor all the time during the operation. Surgical intervention lasted for five hours. The saphenous vein was with thickened walls, its lumen was largely expanded and it was lengthened a lot, so it often changed its direction unpredictably and it practically filled the whole tumor. After the attentive preparation, saphenous vein was isolated, about 1.40 meters in length. Tumor was sent to a histological verification and the wound was drained, and
closed with the isolated stitches. During the postoperative period, low-molecular heparin was continued and APTT and INR were measured daily. Antibiotic therapy was used, followed by the daily check-ups by the cardiologist. Histological diagnosis, based on the extirpated material was: fibrolipoma. The total weight of that material was 3,750 grams with some skin above the tumor 740 millimeters long (Figure 2) (taken without large amount of serous liquid which was oozing from the tumor during the operation, and which was not measured).

The patient was gradually switched to oral anticoagulant therapy, and she was discharged twelve days after the operation. Her general health condition was well; she was not febrile, did not feel any pain, and the vital parameters were within the normal values.

**DISCUSSION**

A patient with gigantic tumor of the right upper leg was admitted to the Surgery Clinic (4, 6). In spite of a high risk, a surgical intervention had to be done since the complications would have occurred if the tumor hadn’t been removed. Its further growth would have completely disabled spontaneous urination and it would have caused complete distal obstruction of deep veins (1, 3). During the intervention the strategy was to save saphenous vein as a collateral pathway, to partly enable normal venous drainage. Long-lasting growth of the tumor led to the lengthening of saphenous vein and its unpredictable flow, so its preparation was extremely difficult. In spite of the long-lasting surgical intervention, and the risky general health condition as well, she took the operation well and she recovered successfully without any complications that had occurred during her previous surgical interventions. Searching the expert literature we did not find tumors of such size (5) and complications like these ones, mostly because the health culture in developed countries doesn’t allow the developing of similar lesions.

**REFERENCES**