



# HIDDEN GIANT: A SURGICAL JOURNEY BEYOND THE PERITONEUM

**Department of Surgery**

Green Life Medical College Hospital

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Date: 29/04/26

# Particulars of the patient

- Name: Md. Robiul Islam
- Age: 37 yrs
- Sex: Male
- Religion: Islam
- Occupation: Garments Worker
- Marital Status: Married
- Present Address: Savar, Dhaka
- Permanent Address: Shahzadpur, Sirajganj
- Date of Admission: 03/01/26 ( 10.00 am )
- Date of Examination: 03/01/26 (11.00 am )

# Presenting complaints:

- 1) Abdominal discomfort and occasional pain for six months
- 2) Swelling in the left hemi scrotum for one month

## History of Present Illness:

According to the statement of the patient he was reasonably well six months ago then he started feeling abdominal discomfort and heaviness.

- Associated with occasional pain in the left upper and mid-abdominal region.
- Pain was gradual, dull aching, non-radiating, aggravated following meals and relieved after defecation.

Patient also complained of swelling of his left hemiscrotum for one month

The swelling was-

- Initially small and gradually increased in size
- Prominent while standing upright and walking
- Diminished in size while lying down
- Associated with mild pain and dragging sensation of the scrotum
- The pain was sudden, burning, non-radiating, aggravated by walking or standing and relieved by lying down and taking analgesics
- Not associated with fever

He further gave history of unintentional weight loss of 8 kg over the past one month along with loss of appetite and generalized weakness.

He also complained of sense of incomplete evacuation of bowel for last one month. He gave no history of flank pain, passage of blood mixed stool or urine, fatigue, night-sweats, fever, cough, blood vomiting, chest pain, jaundice or bone pain. His bladder habit was normal. He is normotensive, non-diabetic and non-asthmatic. With these complaints, he got admitted under the department of Surgery at Green Life Medical College.

### **Past medical and surgical history:**

He underwent right sided cervical lymph node excision 10 months back & was diagnosed as a case of Tubercular Lymphadenitis

He underwent right sided hemithyroidectomy in 2007

### **Drug History:**

He completed anti-TB therapy for 9 months (4FDC+2FDC)

### **Allergy History:**

He has no allergy to any known food or drug

### **Immunization history**

He is immunized according to EPI schedule & took 3 doses of Covid 19 vaccine

### **Socioeconomic History:**

He belongs to a family of average socio-economic status

### **Personal History:**

He is non-alcoholic and non-smoker and non-betel nut chewer

### **Family History:**

None of his family members is suffering from such type of illness

# General Examination

- Appearance : Normal
- Body Built : Below Average
- Cooperation : Cooperative
- Decubitus : On choice
- Weight : 52 kg
- Height : 1.7 m
- BMI : 16.7 kg/m<sup>2</sup>
- Anemia : Mild
- Jaundice : Absent

- Cyanosis : Absent
- Edema: Absent
- Dehydration: Absent
- Pulse: 100 bpm
- BP: 110/70 mm hg
- Temperature: 98<sup>0</sup> F
- RR: 14 breaths/minute
- Lymph Node: Not palpable
- Skin Condition: Normal
- Thyroid gland: Right lobe was absent. Left lobe was normal.

# Alimentary System:

- Oral Cavity:

Lip, Teeth, Gum, Tongue and buccal mucosa were normal.

## Abdomen Proper:

### Inspection:

Distended on the left side

Umbilicus: Centrally placed, everted

with horizontal slit

Flanks: Full on the left side

Hair distribution: Normal

Visible Peristalsis: Absent

Visible Pulsation: Absent

Skin condition: Normal

Hernial Orifice: Intact

- Palpation:

- Superficial Palpation:

- Temperature: Normal

- Tenderness: Absent

- Muscle Guard: Absent

- There was a lump in the abdomen which occupied the left hypochondriac & left lumbar region

## Deep Palpation:

- There was a ballotable lump on the left side of the abdomen, which could not be differentiated from Left Kidney.

- The lump was -

- Mildly tender
- Measuring about 12x19 cm
- Shape - irregular
- Surface - smooth
- Margin - ill defined

Consistency - firm

Did not move with respiration

Head Raising Test - less prominent

Knee elbow position - less

prominent & fixed retroperitoneally

# Measurement of the lump(12cmx19cm)



Right kidney - not palpable

Liver, Spleen and Urinary Bladder - not palpable.

DRE: Revealed no abnormality

Percussion:

Percussion note: Tympanic all over the abdomen

Upper border of liver dullness: In 5<sup>th</sup> intercostal space on right mid clavicular line

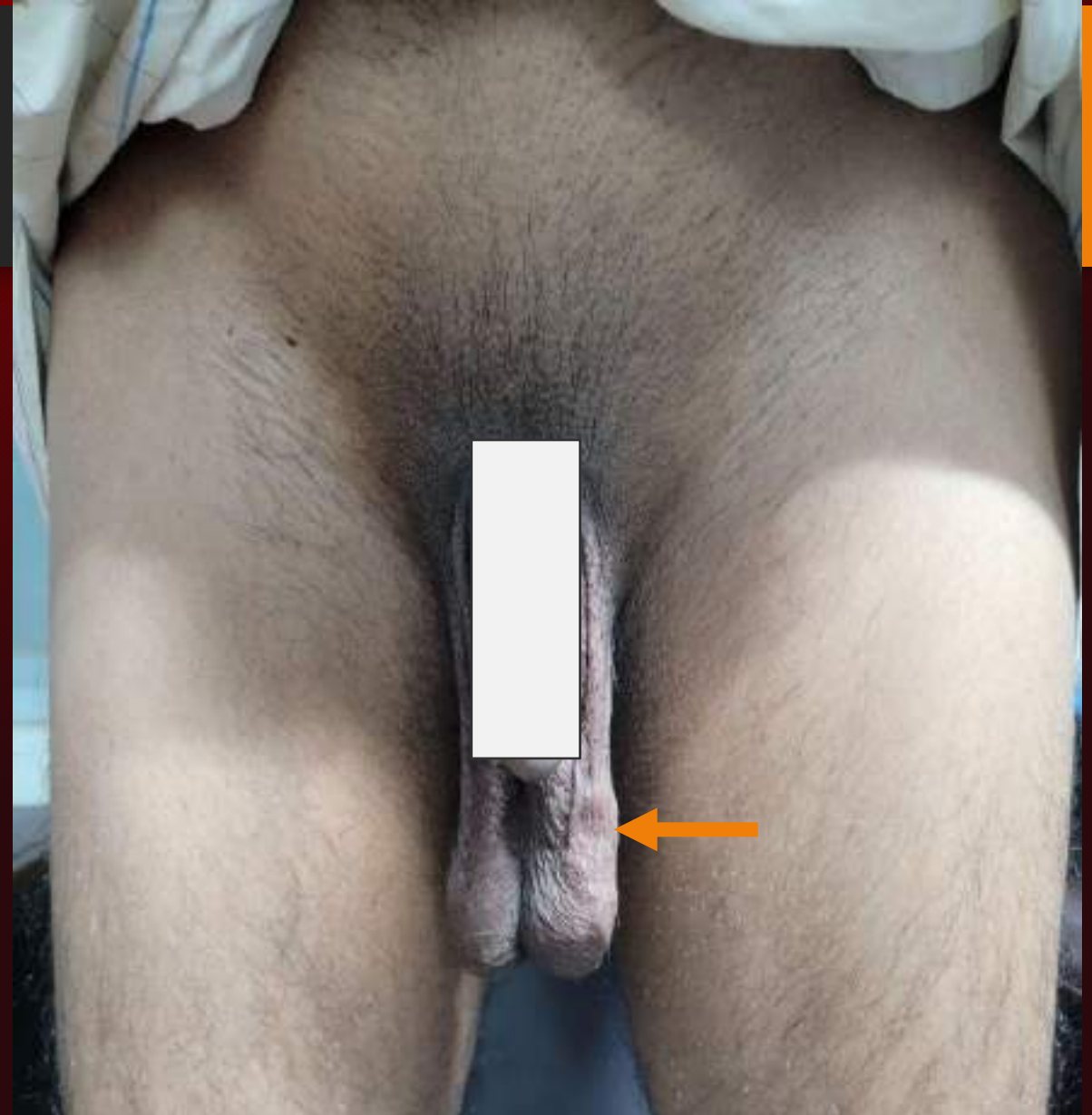
Shifting dullness: Absent

Auscultation: Bowel sound was normal & audible.

# Genitourinary System:

## Inspection:

- Position: Standing
- Left sided scrotal swelling present
- Dilated tortuous vein present
- External urethral meatus, penis were normal
- Visible cough impulse : Absent



## Palpation:

- Non tender, temperature not raised
- Both testes were palpable & normal
- Feels like a bag of worms while palpating above the upper pole of left testis.
- Palpable Cough impulse: Not palpable
- Transillumination test: Negative
- Swelling disappeared when lying down

# Other Systemic Examination:

- Respiratory System : Normal
- Cardiovascular System : Normal
- Nervous System : Normal
- Musculoskeletal System : Normal

## Salient Feature:

Md. Rabiul Islam, 37-year-old non-diabetic, normotensive muslim male hailing from Savar presented with complaints of discomfort and heaviness with occasional pain in the left hypochondriac and left lumbar region of abdomen for last 6 months. The pain was gradual, dull aching, non-radiating, aggravated following meals and relieved after defecation.

He also complained of left hemiscrotal swelling for one month which was initially small but gradually increased in size with time and associated with mild pain and a dragging discomfort. The pain was sudden, burning,

## Salient Feature Cont...

non-radiating, aggravated by walking or standing and relieved by lying down and taking analgesics. There was significant unintentional weight loss of 8 kg over one month, along with generalized weakness & anorexia. He further complained of sense of incomplete evacuation of bowel. There was no history of flank pain, hematuria, per rectal bleeding, fatigue, night sweats, fever, cough, haemoptysis, chest pain, jaundice or bone pain. He was diagnosed as tuberculous lymphadenitis for which he completed anti-tubercular therapy and has undergone right hemithyroidectomy .

## Salient Feature Cont...

On general examination he looked normal, mildly anemic and non-icteric. All the vital parameters were within normal limits.

On alimentary system examination, left hypochondriac & left lumbar region was distended, left flank was full and umbilicus was everted with horizontal slit.

There was a irregular shaped , firm swelling occupying the left hypochondriac & left lumbar region measuring about 12x19 cm which seems to be retroperitoneal & ballotable.

## Salient Feature Cont...

On genitourinary examination, there was a non-tender left-sided scrotal swelling with dilated tortuous veins which felt like a “bag of worms” above the upper pole of the left testis. Digital rectal examination and other systemic examination revealed no abnormality.



What can be the provisional diagnosis?

## Provisional Diagnosis:

Left Sided Renal Tumour with Left  
Sided Varicocele

# Differential Diagnosis:

Retroperitoneal tumor

# Investigations For Diagnosis

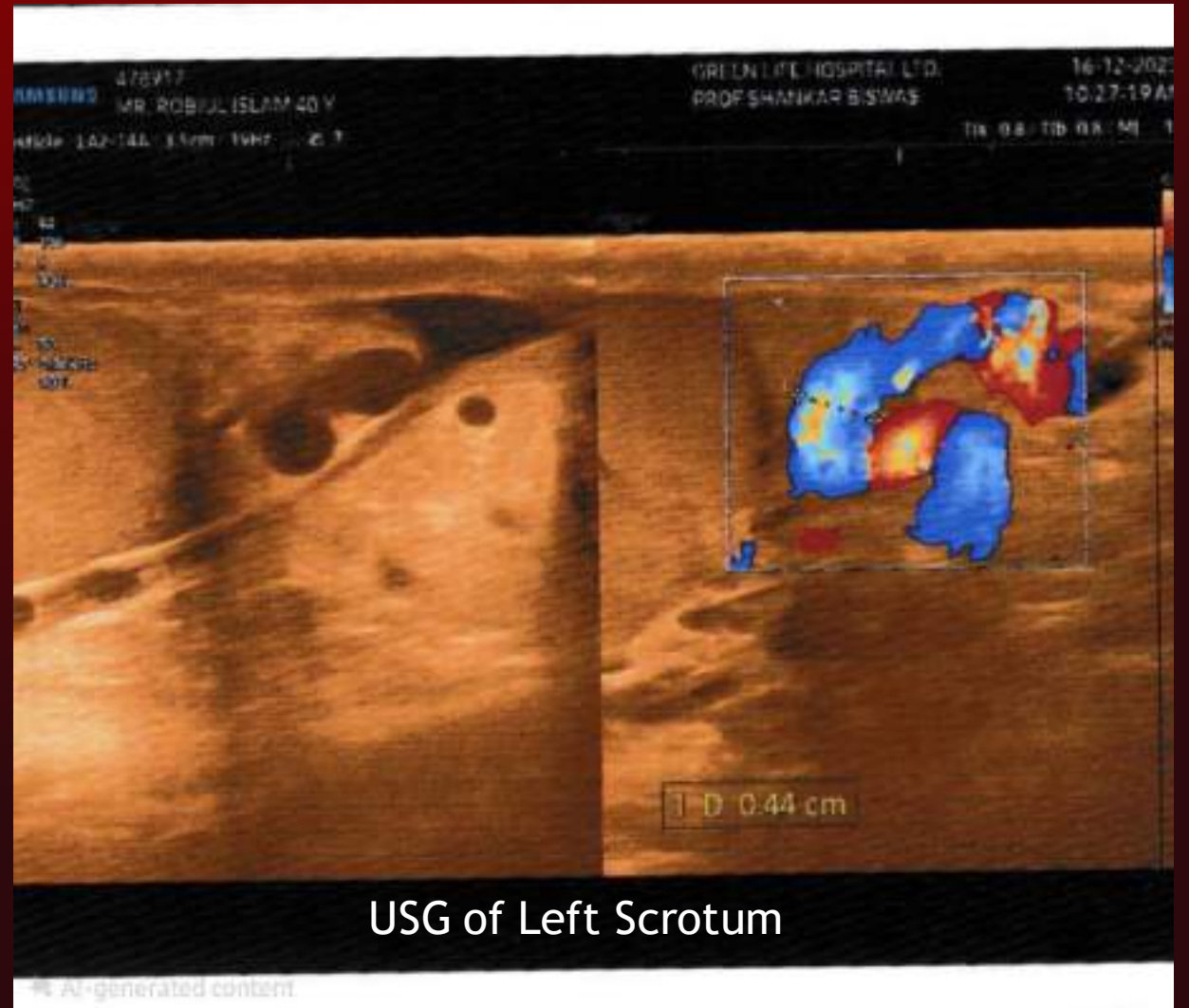
## USG of Whole Abdomen-

- One solid irregular soft tissue mass (9X8.5cm) at the left upper abdomen, seem to be separated from Left Kidney (abutting the kidney and pancreas)
- May suggest retroperitoneal malignant neoplasm
- There was no lymphadenopathy



## USG of Scrotum-

- Relatively smaller uniform testes
- Prominent uniform both epididymis
- Left sided marked varicocele



## CT Scan of Whole Abdomen (Contrast)

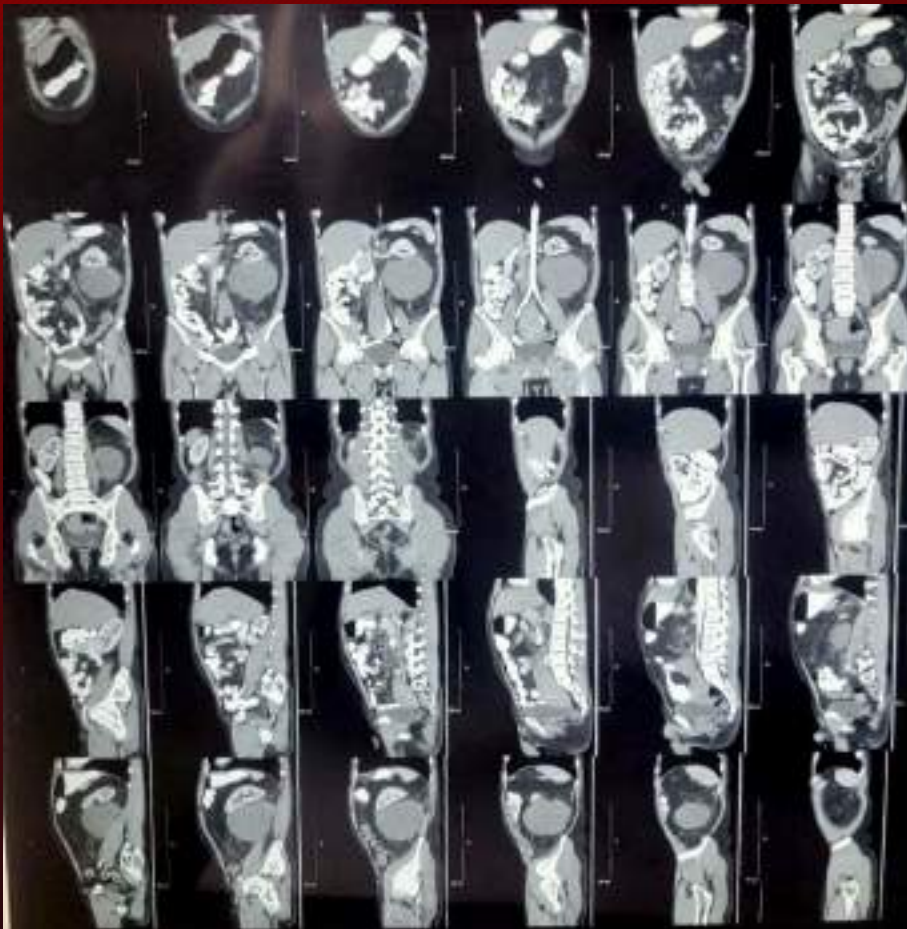
- Large lobulated retroperitoneal soft tissue mass(11.5x11.6x11.4cm) at the left lumbar region including perinephric fat plane with another lobulated mass (14.8x5.6x4.9cm) at prevertebral area of lower abdomen extending into posterior part of pelvic cavity
- Possibilities are multifocal large malignant nerve sheath tumor, Soft tissue sarcoma
- Pre-para aortic mild lymphadenopathy

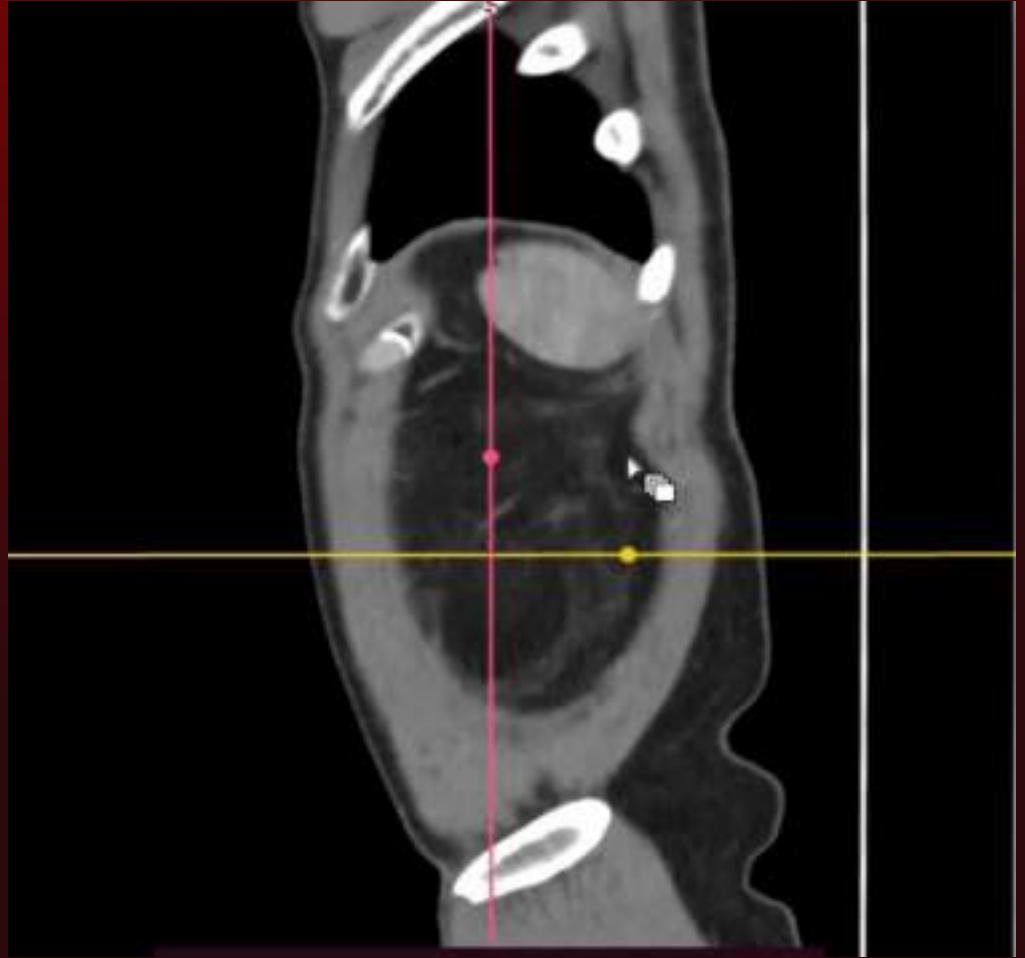


# CT Scan of Whole Abdomen (Contrast)



# CT Scan of Whole Abdomen (Contrast)





Name	MD. ROBIUL ISLAM	Age:	40 years	Sex:	Male
Refd. By	PROF. DR. A.B.M. BAYEZID HOSSAIN, MBBS, FCPS (SURGERY).				
Nature of Specimen	USG guided core biopsy from retroperitoneal mass, left				

With Compliments for kind referral.

**GROSS DESCRIPTION:**

Specimen received in formalin in a container with patient's identification and laboratory ID consisting of six small linear pieces of tissue. The largest one measures 1.5 cm in length. The smallest one has a maximum length of 1.2 cm. Embedded all as such into two blocks.

**MICROSCOPIC APPEARANCE:**

Serial sections show cores of soft tissue. It reveals a small number of spindle cells with wavy nuclei arranged in short fascicles. These cells are relatively bland with indistinct cytoplasmic border. The stroma shows myxoid to loose collagenous change. Mitoses are rare. No significant atypia or necrosis is seen.

**Dx:** Features are suggestive of peripheral nerve sheath tumour (See description please)

Advice: Please correlate with clinical history  
immunohistochemistry.

## USG guided core biopsy from retroperitoneal lumbar mass-

- Suggestive of peripheral nerve sheath tumor

Refd. By	PROF. DR. A.B.M. BAYEZID HOSSAIN, MBBS, FCPS (SURGERY).	Age:	40 years	Sex:	Male
Nature of Specimen	USG guided core biopsy from pelvic mass lesion				

❖ With Compliments for kind referral.

**GROSS DESCRIPTION:**

Specimen received in formalin in a container with patient's identification and laboratory ID consisting of five small linear pieces of tissue. The largest one measures 1.5 cm in length. The smallest one has a maximum length of 1 cm. Embedded all as such into two blocks.

**MICROSCOPIC APPEARANCE:**

Serial sections show cores of soft tissue. It reveals hypocellular lesion composed of small number of spindle cells with wavy nuclei arranged in short fascicles. Most of these cells are relatively benign looking with indistinct cytoplasmic border. The stroma shows myxoid change. Mitoses are rare. No significant atypia or necrosis is seen.

**Dx:** Features are suggestive of mesenchymal neoplasm (See description please).

Advice: Please correlate with clinical history  
Immunohistochemistry.

**USG guided core biopsy from pelvic mass lesion-**

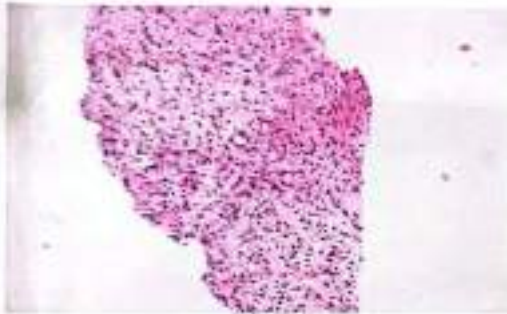
- Suggestive of mesenchymal neoplasm

# Immunohistochemistry:

- Low grade mesenchymal neoplasm, favor fibroblastic type

Patient's Name : Md. Rabiul Islam  
Age : 37 Year(s) Sex : Male  
Referred by : Dr. Nusrat Hoque MBBS, FCPS  
Specimen : Paraffin block (out) prepared from pelvic mass  
Investigation : Immunocyto-histochemistry

Patient's ID : 000001022353  
Case ID : 260000001258  
Lab No : 26-022-108  
Exam Date : 16 Jan 2026



H&E



S 100



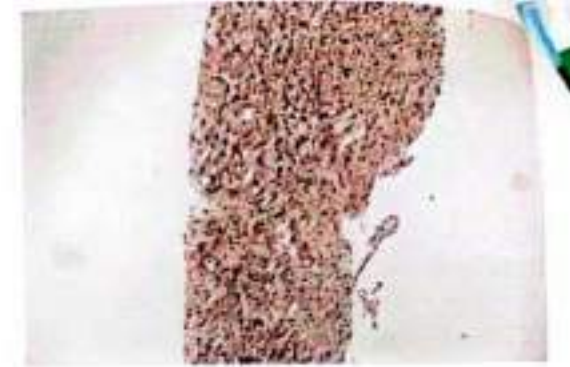
SMA



Ki67



MDM 2



CDK4

**Material submitted**

: Paraffin block prepared from pelvic mass (out).

**Working diagnosis**

: Features are suggestive of mesenchymal neoplasm (out sided diagnosis).

**S 100**

: The tumour cells are Negative.

**Smooth Muscle Actin (SMA)**

: The tumour cells are Negative.

**Ki67**

: Percentage of positive nuclei 02%

**MDM 2**

: The tumour cells are Negative.

**CDK4**

: The tumour cells are Positive.

**Impression**

: **Low-grade mesenchymal neoplasm, favor fibroblastic type.**

**Interpretation**

: MDM2- → Excludes well-differentiated liposarcoma.

CDK4+ → Possible low-grade sarcoma; occasionally nonspecific.

SMA-, S100- → Rules out muscle or neural differentiation.

Ki67 (2%) → Low proliferation suggests low-grade.

# Confirmed Diagnosis

Retroperitoneal Soft Tissue Sarcoma  
(Lumbar & Pelvic)

# Investigation for GA Fitness

- CBC-
  - Hb%: 12.4 gm/dl
  - ESR: 106 mm in 1<sup>st</sup> hour
  - TLC: 9000/cmm
  - Neutrophil - 82%
  - Lymphocytes: 16%
  - Platelets - 458,000/cmm
- S.Creatinine-0.9mg/dl
- RBS-8.3mmol/L
- Blood grouping & Rh factor-B Positive
- HbA1C-5.9%

# Investigation for GA Fitness

- Serum Electrolyte-
  - Na<sup>+</sup> - 138 mmol/L
  - K<sup>+</sup> - 3.3. mmol/L
  - Mg<sup>2+</sup>
  - Cl<sup>-</sup> : 102 mmol/L
  - Ca<sup>2+</sup> - 8.9 mg/dl
  - Mg<sup>2+</sup>- 1.7 mg/dl
- SGPT- 27U/L
- TSH-5.53 uIU/ml
- Urine RME - Normal
- Chest X-ray - Revealed no abnormality

# Pre-operative preparation:

- Bilateral G Fr DJ stenting done under SAB on 31.01.2026



# Operation Note:

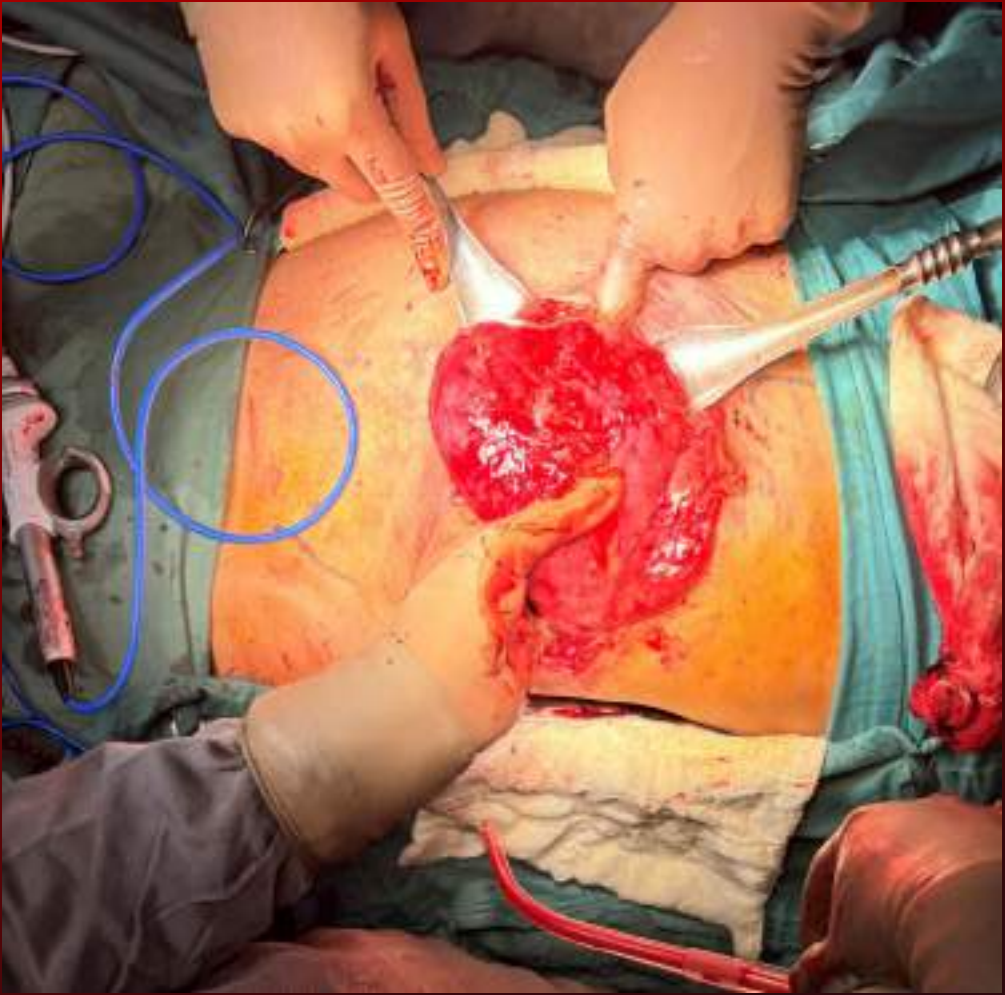
- Date: 01.02.2026
- Time: 10.30 am
- Indication - Retroperitoneal soft tissue sarcoma (lumbar and pelvic)
- Name of operation - Laparotomy with resection of mass
- Anesthesia - GA
- Position - Right semi-lateral
- Incision - Left transverse - lumbar



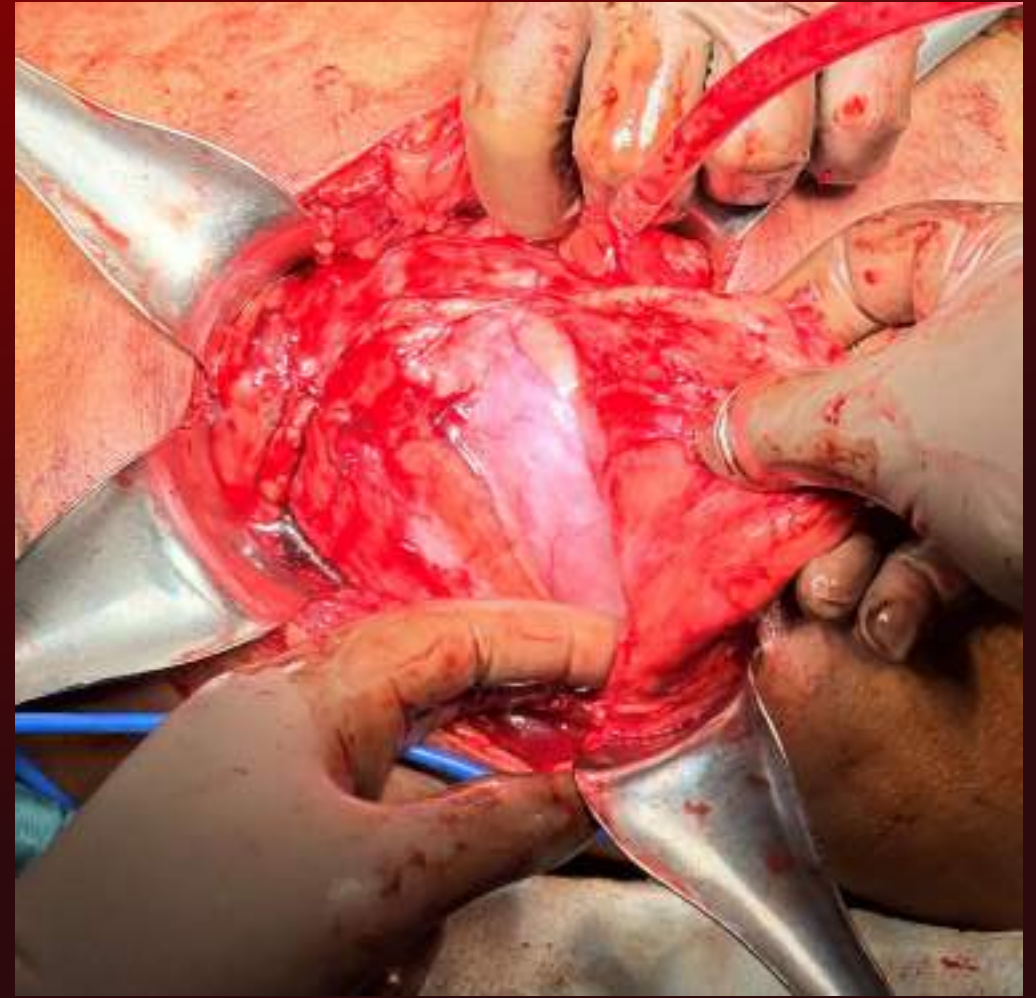
# Operation note cont...

## Procedure:

With all aseptic precautions and above incision, overcoming skin, subcutaneous tissue, medially rectus sheath and rectus abdominis muscle retracted and laterally external oblique, internal oblique and transversus abdominis muscles were cut with diathermy & harmonic. Then extraperitoneal approach was made by mobilizing peritoneum medially.



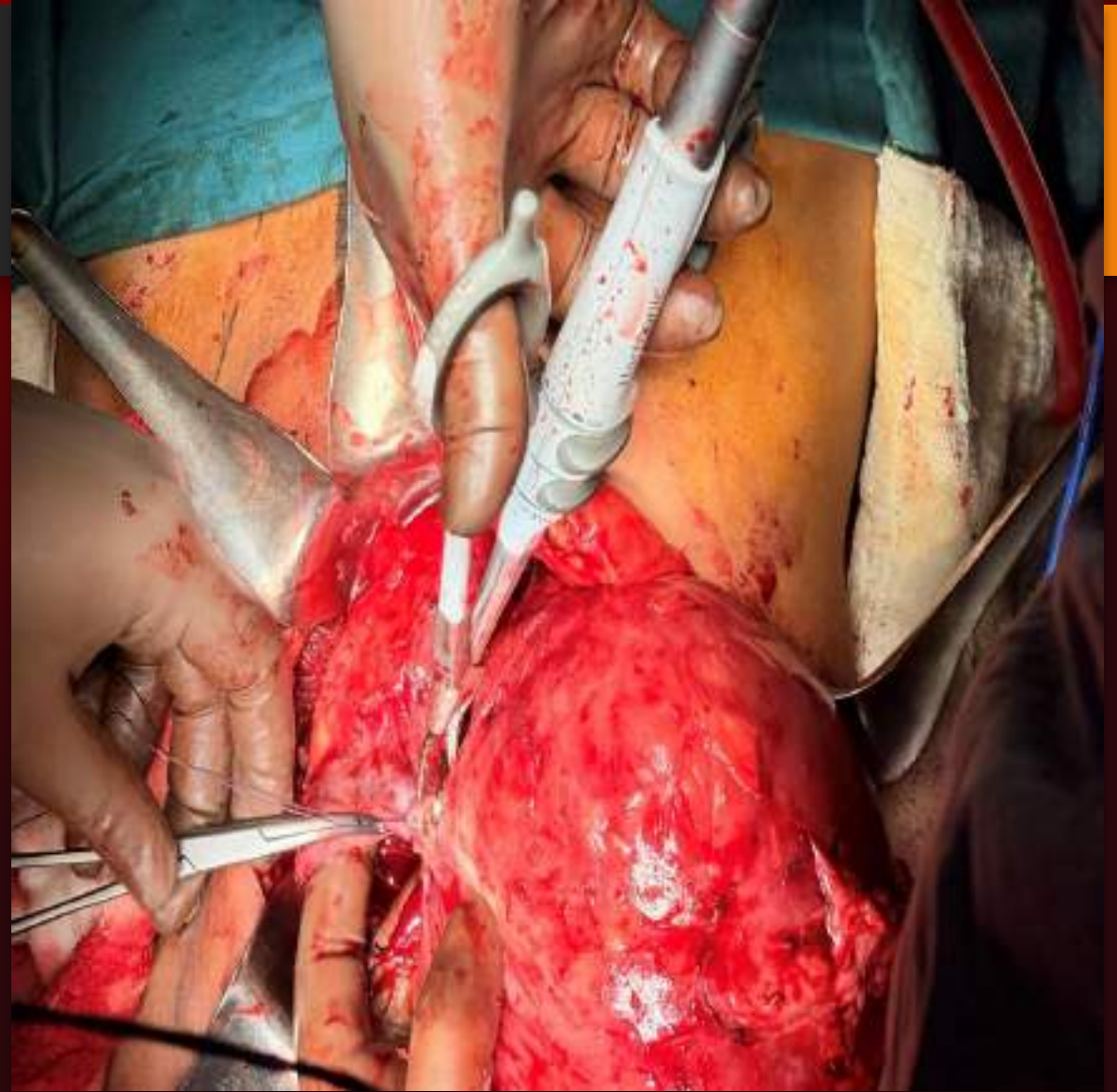
A huge retroperitoneal mass was found, pushing the descending colon medially and left kidney upwards

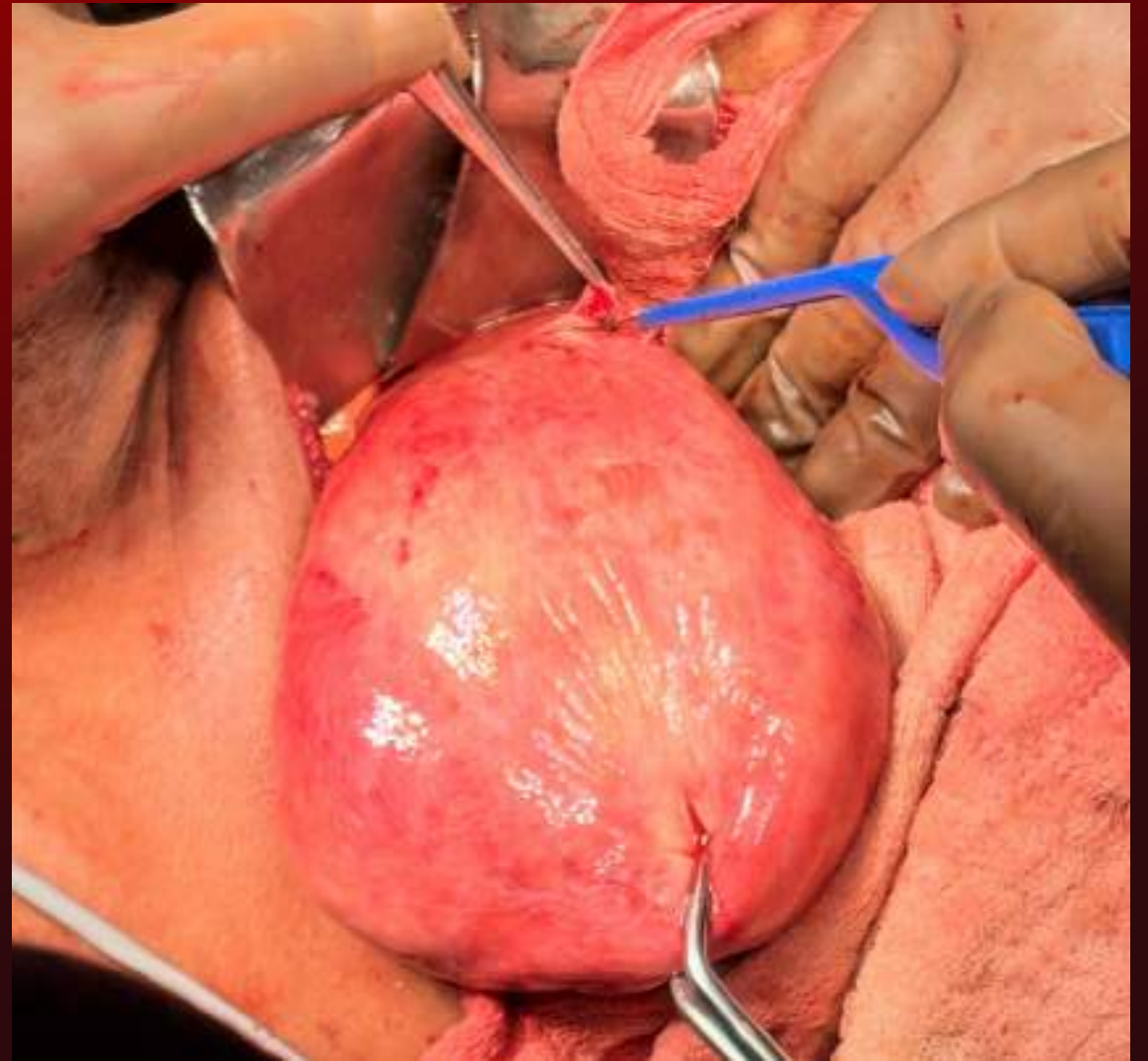


The mass had an onion-peel appearance.

## Operation note cont...

Complete resection of the mass was achieved through layer by layer dissection. Feeding vessels were identified and ligated using Vicryl 1/0. Hemostasis was achieved using harmonic bipolar diathermy.





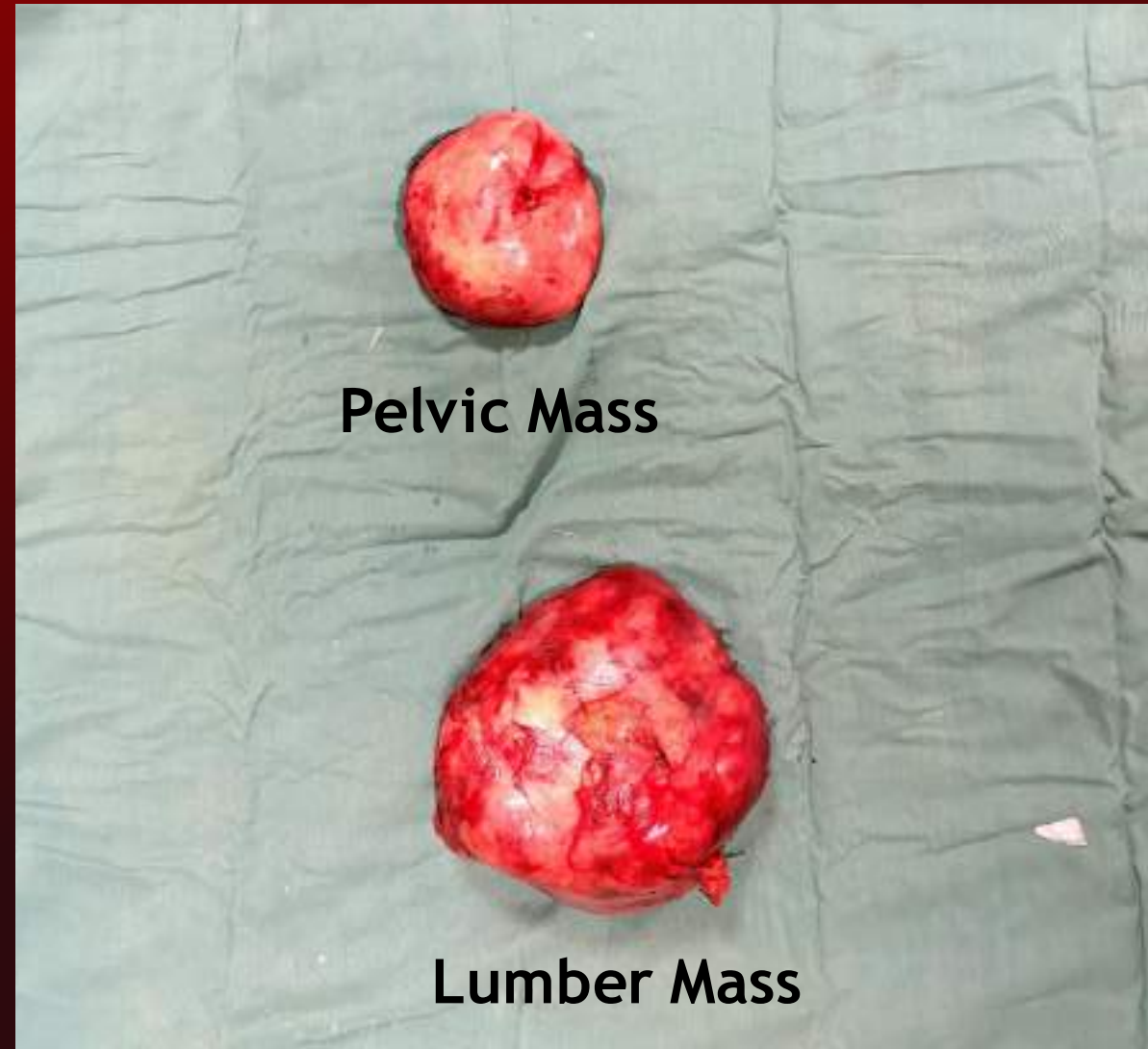
The pelvis was approached intraperitoneally and a pedunculated mass was identified and excision of the mass was made after identification and ligation of the feeding vessels using vicryl 2-0.



Two drain tubes were placed - one at left retroperitoneal space and one in the pelvis. Proper hemostasis was ensured.



Retroperitoneal space was closed using vicryl 2-0 and peritoneal cavity was closed using vicryl 2-0 by continuous suturing. Layers were closed by vicryl 2-0. Finally, skin was closed by stapler.



Resected specimen was sent for histopathology.

# Histopathology report Of the resected specimen

Lab No: 264-0187      Received: 01-Feb-26      Reported: 08-Feb-26  
Patient Name: ROBIUL ISLAM      Age: 37 Year      Sex: Male  
Referred by: Prof. Dr. A B M Bayezid Hossain

**Specimen:** Excised retroperitoneal left tumour mass

## Gross Description:

Specimen consists of a 19.0x16.0x6.0 cm encapsulated nodular piece of tissue. Sectioning shows myxoid, grey white two yellow area.

Representative sections are submitted as follows : A1-4 : Tumour x 4, A5: Tumour with capsule inked x 1, Additional blocks: A6-A9: Tumour x4

## Microscopic Examination:

Sections show a spindle cell neoplasm. The tumour cells have oval to spindle shaped pleomorphic nuclei with coarse chromatin and moderate to scanty amount of cytoplasm. These are arranged in fascicles and diffusely in myxoid background. The tumour cells also show alternating hypercellular and hypocellular areas with perivascular accentuation. Frequent mitotic figures, Foci of necrosis are present and infiltration of chronic inflammatory cells are also seen.

**Diagnosis:** Spindle cell sarcoma, grade - 2.

Adv.: Immunohistochemistry

N.B.: Immunohistochemistry facility is present at The Laboratory. Please contact the reception if required.

Lab No: 263-0051      Received: 01-Feb-26      Reported: 05-Feb-26  
Patient Name: ROBIUL ISLAM      Age: 37 Year      Sex: Male  
Referred by: Prof. Dr. A B M Bayezid Hossain

**Specimen:** Retroperitoneal mass from pelvic cavity.

## Gross Description:

Specimen consists of a 10.0x8.0x7.0 cm nodular mostly circumscribed piece of tissue. The cut surface shows diffuse homogenous fleshy area.

Representative sections are submitted as follows :

A1-A2: Tumour with outer surface inked x 2, A3-A4: Tumour x 2, A5: Resection margin x 1.

## Microscopic Examination:

Sections made from the tumour show a spindle cell neoplasm. The tumour cells are oval to spindle having oval to spindle mildly pleomorphic vesicular nuclei and small amount of cytoplasm. Many chickens wire type blood vessels along with infiltration of chronic inflammatory cells in edematous background are seen. Mitoses are scanty. No necrosis is seen.

Sections made from resection margin are invaded by the tumour.

**Diagnosis:** Spindle cell neoplasm

Adv.: Immunohistochemistry

N.B.: Immunohistochemistry facility is present at The Laboratory. Please contact the reception if required.

# Post operative period

- Following Operation the patient was stable
- Inj. Ceftriaxone & inj. Amikacin were started from 0<sup>th</sup> POD
- Oral Cefixime started from 4<sup>th</sup> POD
- Drain tubes were removed on 4<sup>th</sup> POD
- Catheter was removed on 4<sup>th</sup> POD
- Stapler pins were removed on 9<sup>th</sup> POD
  
- On 13<sup>th</sup> POD we discharged him with advice and referred him to NICRH for adjuvant chemotherapy

# Postoperative follow-up:

- **CBC (02.02.2026):** Hb% - 10.5 gm/dl; ESR - 111 mm in 1<sup>st</sup> hour; TLC -  $10.43 \cdot 10^9/L$ ; neutrophil - 88%, lymphocytes - 11%
- **Catheter tip for CS** - No growth
- **HPE** - spindle cell neoplasm (pelvic mass)
  - Spindle cell sarcoma grade II (retroperitoneal mass)
- **Immunohistochemistry** - spindle cell sarcoma grade II
- **Urine RME (09.02.26):** pus cell - 3-5 PHF; RBC - plenty
- **S. albumin** - 20 g/L

# Post Chemotherapy status

- The patient is currently admitted in NICRH & has received 3 cycles of adjuvant chemotherapy and 3 more is planned

## Following drugs were used:

1. Doxorubicin
2. Ifosfamide
3. Filgrastim
4. Mesna



## Take Home Message

- Effective clinical practice requires comprehensive patient evaluation which extends beyond the presenting complaints.
- Multidisciplinary collaboration is the cornerstone of effective patient management.

**THANK YOU**



**Any**

**Question**

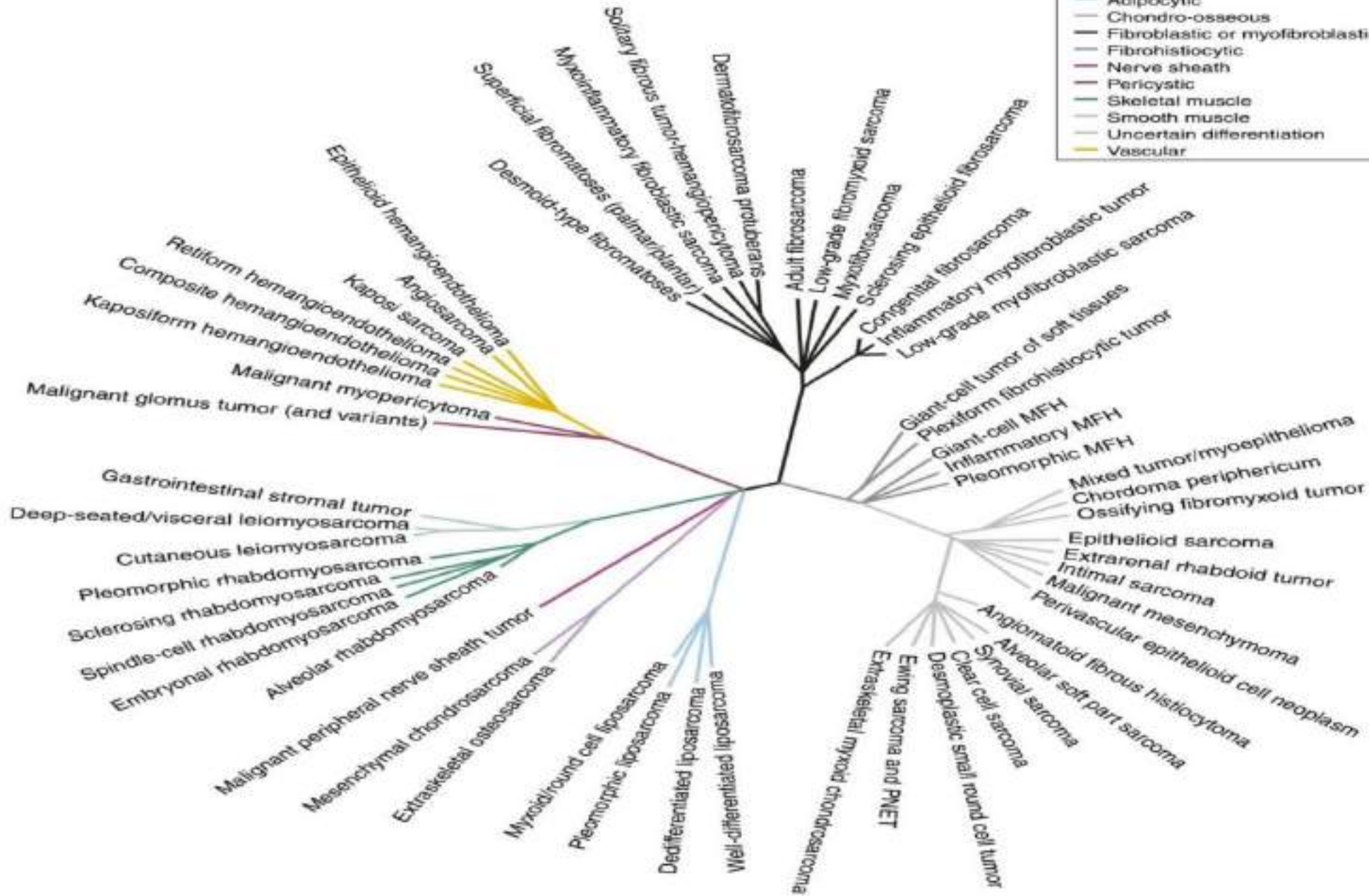


# Soft Tissue Sarcoma Classification

<p><b>1. Adipocyte Tumor</b>            Benign- lipoma            Lipomatosis            Angiolipoma            Intermediate (locally aggressive)            Well diff liposarcoma            Malignant-dediff liposarcoma            Myxoid liposarcoma            Pleomorphic lipoSa            Liposarcoma NOS</p>	<p><b>2. Fibroblastic</b>            Benign- Myositis ossificans            Fibromatosis            Intermediate- dermatofibro Sa            Protuberance            Desmoidtype fibromatos            Malignant- adult fibroSA            Epitheloid fibroSa</p>	<p><b>3. Smooth muscle</b>            Benign- leiomyoma            Malig- Leiomyosa</p> <p><b>4. <u>Skeletal muscle</u></b>            Rhabdomyoma- adult type,            fetal, genital type            Rhabdomyosarcoma- embryonal            Alveolar            Pleomorphic            Spindle cell</p>
<p><b>5. Vascular</b>            Benign- haemangioma            Lymphangioma            AVM            Intermediate- Kaposi sarcoma            DABSKA tumor            Malignant- epitheloid haemangio            Endothelioma            Angiosarcoma            LymphangioSa</p>	<p><b>6. <u>Perivascular</u></b>  <b>Glomus</b> Tumor-main site-nail bed            Malignant glomus tumor</p> <p><b>7. <u>Chondrosseous tumor</u></b>  <b>Benign-</b> soft tissue chondroma            Malignant- extra skeletal OsteoSa</p> <p><b>8. <u>GIST</u></b>  <b>No</b> Subtype</p>	<p><b>9. PNST (peripheral nerve sheath tumor)</b>  <b>Benign-</b> schwannoma            Neurofibroma            Ectopic meningioma            Malignant-MPNST            Malig. Triton tumor            Epithelial MPNST</p>
<p><b>10. Tumor of uncertain Differentiation</b>            Aerial/ digital fibromyxoma            Malignant- synovial sa            Epitheloid Sa            Alveolar soft part Sa            Clear cell Sa of soft tissue</p>	<p>Desmoplastic small round cell tumor  <b>Extra skeletal ES</b>            PECOMA</p>	<p><b>Triton.tumor</b>=MPNST+ rhabdomyoblastic differentiation</p> <p><b>Diktyoma</b>= tumor arising from the primitive medullary epithelium of the ciliary body, may arise from optic nerve</p>

# Taxonomy of Soft Tissue Sarcoma

- Adipocytic
- Chondro-osseous
- Fibroblastic or myofibroblastic
- Fibrohistiocytic
- Nerve sheath
- Pericyclic
- Skeletal muscle
- Smooth muscle
- Uncertain differentiation
- Vascular



**TABLE 64.2 American Joint Committee on Cancer Staging for Soft Tissue Sarcomas**

**Primary Tumor (T)**

Primary tumor cannot be assessed	TX
No evidence of primary tumor	T0
Tumor 5 cm or less in greatest dimension	T1
Tumor more than 5 cm and less than or equal to 10 cm in greatest dimension	T2
Tumor more than 10 cm and less than or equal to 15 cm in greatest dimension	T3
Tumor more than 15 cm in greatest dimension	T4

**Regional Lymph Nodes (N)**

Regional lymph nodes cannot be assessed	NX
No regional lymph node metastasis	N0
Regional lymph node metastasis	N1

**Distant Metastasis (M)**

No distant metastasis	M0
Distant metastasis	M1

**TABLE 64.3 Anatomic Stage and Prognostic Groups for Soft Tissue Sarcomas**

GROUP	T	N	M	GRADE
Stage IA	T1	N0	M0	G1, GX
Stage IB	T2-4	N0	M0	G1, GX
Stage II	T1	N0	M0	G2, G3
Stage IIIA	T2	N0	M0	G2, G3
Stage IIIB	T3, T4	N0	M0	G2, G3
Stage IV	Any T	N1 <sup>a</sup>	M0	Any grade
	Any T	Any N	M1	Any grade

<sup>a</sup>For retroperitoneal sarcoma, N1 disease is designated as stage IIIB, not stage IV.



### WORKUP

- Prior to the initiation of therapy, all patients should be evaluated and treated by a multidisciplinary team with expertise and experience in sarcoma.<sup>a</sup>
- H&P
- Imaging<sup>b</sup>
- Image-guided core needle biopsy<sup>c,d</sup>
- For patients with neurofibromatosis,<sup>e</sup> see [NCCN Guidelines for Central Nervous System Cancers \(PSCT-3\)](#)
  - ▶ For pheochromocytoma, see [NCCN Guidelines for Neuroendocrine and Adrenal Tumors](#)
- For Li-Fraumeni syndrome, see [NCCN Guidelines for Genetic/Familial High-Risk Assessment: Breast, Ovarian, Pancreatic, and Prostate](#)
- For HNPCC or Lynch syndrome, see [NCCN Guidelines for Genetic/Familial High-Risk Assessment: Colorectal, Endometrial, and Gastric](#)
- For patients with personal/family history suggestive of other cancer predisposition syndromes, consider further genetics assessment.

