

Conference Abstracts

Mass Effect: A Case of Health Disparity in a Young Female Patient with Myxoid Liposarcoma

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Background

Myxoid liposarcoma (MLS) is a rare cancer accounting for approximately 30 to 40% of liposarcoma cases. It can occur in patients of any age, but typically occurs in those between the ages of 30 and 40. It presents as a slow-growing, large, and painless mass. Surgery remains the primary treatment for localized MLS, and the combination of surgery and radiation can significantly lower the recurrence rate of MLS, which tends to be highly sensitive to chemotherapy and radiation. Chemotherapy has been shown to improve survival in patients with high-risk MLS with a large tumor diameter.

Case Discussion

This was a case study of a patient whose hospital course occurred during April 2025 at Laredo Medical Center in Laredo, Texas. Data was collected from the patient's family members in addition to the chart review.

This is a case of a 20-year-old Hispanic female patient previously diagnosed with a rare form of sarcoma, myxoid liposarcoma, which had metastasized by the time of her presentation to our hospital in April 2025. She initially presented with a sizable left abdominal wall mass and underwent partial resection in February 2024

with further resection in November 2024. Pathology of the resection revealed myxoid liposarcoma. Despite this diagnosis, the patient had previously denied chemotherapy and radiation. In March 2025, a CT study demonstrated extensive peritoneal and liver metastasis with hydronephrosis. At that time, the advanced sarcoma was deemed to be inoperable with a recommendation for palliative chemotherapy.

The patient's final CT Abdomen revealed the continued presence of the large complex septated cystic pelvic mass with upper abdominal extension (myxoid sarcoma), along with an enlarging 3.2cm right hepatic lobe lesion from metastasis. By the time of her April 2025 hospitalization, our young patient would also be sadly suffering from other sequelae of her metastatic myxoid liposarcoma, including intractable vomiting, aspiration pneumonitis, progressive debilitation and pain, and having to undergo bilateral nephrostomy tube placement for alleviation of hydronephrosis. During her April 2025 hospitalization, our young patient also suffered from other sequelae, having to undergo bilateral nephrostomy tube placement for alleviation of hydronephrosis secondary to her malignant process, in addition to intractable vomiting, aspiration pneumonitis, and

progressive debilitation and pain. Home hospice arrangements were ultimately made for the patient on discharge.

Conclusion

This case highlights the course of a late-stage, rare myxoid liposarcoma, and its impact on a young female patient receiving both treatment and palliative care with eventual arrangements for hospice. Notable attributes about this case

include the impact of receiving treatment in a medically underserved border town region, as well as the effect of socioeconomic barriers and the altered quality of life of an adolescent patient enduring the course of an aggressive sarcoma of rare etiology. One might also ponder as to how this patient's clinical course might have gone differently had she received treatment when she was originally diagnosed back in 2024.