

**PP-128****Liposarcomas: a retrospective study in an orthopaedic department****L. Leite**, D. Soares, P. Leite, P. Serrano, L. Barros, J. Esteves, P. Cardoso*Hospital Santo Antonio, Oporto, Portugal*

Introduction: Liposarcoma is one of the most common types of soft tissue tumors in adulthood. The peak incidence is between fourth and sixth decade of life. Usually located on the extremities and retroperitoneum. They are subdivided into 5 histologic types: well differentiated, myxoid, pleomorphic, dedifferentiated (mixed) and round cells.

Objectives: Retrospective study of liposarcomas treated in a single institution between 2004 and 2013, attended to the histological classification, localization, adjuvant treatments performed, survival, recurrence and average age at diagnosis.

Methods: 22 cases of liposarcomas with an average follow-up of 5.5 years (0.5 - 9.8years), having excluded 1 case (pleomorphic type) for no follow-up after surgery. The mean age was 54 years (27-78Y), with 12 male patients.

Regarding location, 11 were found in the lower limb (8 in thigh, 1 in the knee, 1 in leg and 1 in foot), 6 in the upper limb (2 in peri-scapular region, 3 in arm and 1 in forearm) and 4 in the pelvic region. 18 patients were treated with adjuvant radiotherapy.

As to histological classification, were identified 10 liposarcomas well-differentiated, 6 myxoid, 3 pleomorphic and 2 dedifferentiated.

Results: The resection margins were free of tumor in all cases, except in one, which was required reintervention for enlargement of the margin. There were 4 recurrences, which 1 led to death and another led to a limb amputation. The remaining 2 were treated successfully with new enlarged excision. No registration of infections, but 1 of the cases complicated with a pathological fracture of the proximal femur after radiotherapy treatment. No metastasis lesions registered.

The average survival was 65.4M. Musculoskeletal Tumour Society scoring system (MSTS) is 23.5.

Conclusions: About 24% of liposarcomas occur in the limbs. Histological subtype is a predictor of prognosis as well as complete surgical excision (margins). In this series the results are considered good, since there was an adequate margin excision in almost all cases, and also because there was a high percentage of liposarcomas with a low-grade of malignancy (16 cases). In 2 of 5 cases of high-grade liposarcomas there have been recurrences (with limb amputation in one, and death in the other).

Adjuvant treatments such as radiotherapy are variable, and their benefits also discussed in the literature. Radiation is associated with high surgical wound complications, and in our study occur a pathologic fracture after radiation therapy. The use of these treatments should be discussed individually in group consultation for oncological patients. In our series 86% of patients were treated with radiotherapy.

As final conclusion the authors would like to refer that the main potential curative treatment of liposarcomas is a complete resection of the lesion. Complete resection of lesions and histological subtypes of low-grade malignancy are highly correlated with a favorable prognosis.