A Pleomorphic Liposarcoma Imitated a Subcutaneous Cyst

Sir,

We report on a 42-year-old Caucasian man presenting a 5 x 5 cm well demarcated, subcutaneous, soft tumour on the left upper arm (Fig. 1) that had progressed over a period of two months. The skin above the lesion was distinctly inflamed, the lesion, however, was painless. There was no clinical history of a trauma. As the tumour clinically resembled an infected cyst, an incision had been performed. Even though a great amount of pulpy yellow-brown material was found, a cyst could not be traced intrasurgically.

Histologically, the tumour mass differed greatly in size and shape and consisted of scattered, bizarre, multivacuolated lipoblasts intermingled with smaller pleomorphic cells. Numerous atypical mitosis, hyperchromatic tumour cells and giant cells were often seen (Fig. 2). By immunohistochemistry using the APAAP method (1) a positive immunostaining for S-100 and for Vimentin was observed. Lack of immunoreactivity for HMB-45 (Melanoma marker), desmin, pan-zymoketatin and lymphocytic common antigen (all antibodies purchased from Dako, Germany) excluded other tumour types and confirmed the diagnosis of a pleomorphic liposarcoma.

Once malignancy of the tumour was confirmed, total excision was performed. An amputation was refrained, as it does not seem to confer additional benefit for the patient (2, 3). The patient is free of local distant metastasis until now.

Accumulating data from previously published reports, only 5% of all liposarcomas occur in men at the arm (4). Liposarcomas can be classified histopathologically into five groups consisting of the well-differentiated, myxoid, round cell, dedifferentiated and pleomorphic type (5, 6). Among these the most poorly differentiated types have the worst prognosis because they metastasize rapidly and frequently to the lung, other visceral organs and bone (5). In addition to the cell type tumour necrosis and increasing tumour size are also associated with poor prognosis (7). About 50% of the patients with pleomorphic liposarcoma of the extremity show distant metastasis within 5 years after the initial operation. The 5-year survival rate in the pleomorphic subtype is reported to be lower than 60% (8). Postoperative radiotherapy has been reported to be beneficial for survival rate (9), but reviewing the literature we decided that no significant advantage was to be gained (9).

The pleomorphic liposarcoma is a rare tumour type. Because haemorrhage and necrosis are often seen, it can clinically imitate a cystic process as it did in this case. Therefore, we conclude that in the future it must be included as an important differential diagnosis of subcutaneous cystic tumours with rapid progression.

REFERENCES


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Sir,
Hidradenitis suppurativa (HS) is a suppurative disease process of the apocrine sweat glands, which may be associated with draining sinuses and scar formation. Risk factors for HS include obesity, acne-prone skin, white race, age 25–45 years, and, as shown recently in this journal, possibly infection with the human papilloma virus (1, 2). I recently cared for a patient with a little-appreciated risk factor for HS, lithium therapy.

CASE REPORT
A 47-year-old morbidly obese woman with obstructive sleep apnea, hypertension, irritable bowel syndrome, and bipolar disease presented to the clinic with bilateral axillary lesions that were painful, inflamed, and draining purulent fluid. The patient appeared fit and was apyrexial. The lesions were characteristic of HS in morphology and typical location and were indurated and drained. The patient stated that these lesions had been troublesome for a long while and she continued to experience recurrent acute flares of pain and swelling, necessitating incision and drainage on several occasions. She had been prescribed lithium therapy for years to control her psychiatric symptoms and refused to discontinue this drug. Her lithium level was therapeutic and repeat white blood cell counts and erythrocyte sedimentation rate were always normal. Colonoscopy showed no evidence of inflammatory bowel disease. Oral doxycycline was commenced, with satisfactory control of symptoms, without the need for drainage for several months.

DISCUSSION
HS is usually a chronic, suppurative process that is due to obstruction of apocrine sweat gland ducts with resultant secondary bacterial infection, leading to inflammation and chronic infection (3). In addition to typically cited predisposing factors as listed above, lithium therapy has been implicated in the pathogenesis of chronic HS (4). Lithium is a commonly used agent for treatment of bipolar disease and severe unipolar depression. The drug is associated with dermatologic side effects in 3–34% of cases, but HS is rarely reported. Lithium commonly exacerbates acne; however, this patient had no prior history of acne. Lithium may cause lysosomal enzyme release and enhanced polymorphonuclear cell chemotaxis, thereby contributing to the inflammation in HS, but this is not proven (4). Although a definite cause-and-effect is difficult to prove, perhaps clinicians should avoid lithium in patients with severe acne or a prior history of HS, as this disease may be difficult to control in these situations.

REFERENCES

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