Clinical Communication

TWO CASES OF CANINE LIPOSARCOMAS: AN UNCOMMON TUMOR


Department of Veterinary clinical Science, University of Peradeniya

Summary: Liposarcomas are rare malignant tumors of adipose tissues with overall incidence of 0.2–0.5% among all the canine neoplasms. They may originate either from bone marrow or extra skeletal sites such as adipose tissues. Histological classification include well differentiated, pleomorphic, and myxoid subtypes. Clinical cytologocal, gross pathological and histopathological features of two extra skeletal canine liposarcoma cases presented to the Veterinary Teaching Hospital (VTH), University of Peradeniya are described here.

INTRODUCTION

Liposarcomas are rare malignant tumors of adipose tissue reported in many animal species, a majority of which are dogs and Shetland Sheepdogs are preferentially affected (Castro et al., 2014. Wang et al., 2005). The overall incidence of liposarcomas is 0.2–0.5% among all canine neoplasms and the mean age at diagnosis is 9.7 years (Wang et al., 2005). These tumors arise de novo and not from pre-existing lipomas or infiltrative lipomas (Wang et al., 2005). Primary bone liposarcomas are rare in dogs and may arise from the marrow cavity of the mandible, distal humerus, ulna, hock, or metacarpus (Messick et al., 1989). Sub cutis, deeper soft tissue, and thoracic and abdominal cavities are the favored sites of extra skeletal liposarcomas in dogs (Messick et al., 1989). Liposarcomas vary greatly in their histological pattern and the histological classification in dogs, includes well differentiated, pleomorphic (anaplastic), and myxoid subtypes (Messic et al., 1989), with the myxoid type being the least common (Castro et al., 2014). Well-differentiated liposarcomas contain readily recognizable adipocytes (Castro et al., 2014). Pleomorphic variants have cells of highly variable morphology and they are highly invasive with a metastatic potential to distant sites (Wang et al., 2005). However, metastasis is rare and when it occurs, usually affects the lung, liver, spleen and bones (Wang et al., 2005). This article describes cytological, gross pathological and histopathological features of two cases of canine liposarcomas presented to the Veterinary Teaching Hospital (VTH), University of Peradeniya.

CASE REPORTS

Case 1: A 9-year-old, male, intact, German shepherd dog was presented with absence of weight bearing on the left rear limb which followed weakness and progressive difficulty in weight bearing on the same limb since three months. Palpation of the limb did not elicit pain but revealed a poorly demarcated, firm tissue growth expanded over the lateral and caudo-medial thigh area (Figure 1A). Survey radiographs revealed partially encapsulated, mildly radio-dense compressive and expansive sub-cutaneous growth over the lateral thigh. Left femur and other skeletal structures of the left limb were unremarkable in the radiographic examination. A fine needle aspirate of the swelling was yellow and oily indicating involvement of fat tissues. Cytopathology revealed a prominent population of highly pleomorphic mesenchymal cells with a high nuclear to cytoplasmic (N: C) ratio. Cells contained moderate amount of pale staining, poorly demarcated cytoplasm with variably sized, well demarcated cytoplasmic vacuoles (cytoplasmic lipid droplets) (Figure 2). In some cells with abundant cytoplasm, the nuclei were displaced to the periphery and compressed by a single lipid droplet. The chromatin pattern varied from hyperchromatic to finely granular with one to two prominent small nucleoli. The changes were suggestive of pleomorphic liposarcoma. Nothing abnormal was detected in hematology and blood chemistry findings. A tentative diagnosis of liposarcoma was made and surgical resection of the tumor mass was recommended.
Figure 1. Case 1. **A**: Left lateral thigh area prepared for surgery, poorly demarcated tissue swelling (marked with arrows), **B**: Part of the tumor mass resected, multiple lobulated grey white masses of varying size (arrows).

Figure 2. Fine needle aspirate of the mass stained with Leishmann x 100. Mesenchymal cells (arrows) in a background of variably sized lipid droplets (dashed arrows).

Figure 3. Case 1 Histopathology, H & E: **A**: 40X 400X. Streams of variably vacuolated spindle cells with multi-focal stromal mineralization (arrows). **B**: Plump spindle cells with prominent nuclei (arrows) Small capillary (dotted arrow) in the finely vascularized stroma separating streams of spindle cells.
Primary incisions over the left lateral thigh revealed partially encapsulated, poorly demarcated, expansive and infiltrative multiple, yellow-white, variably sized (ranging from 0.2 cm diameter to 1.4 cm diameter), firm and friable masses occupying an extensive sub-cutaneous area (Figure 1 B). The spaces between the masses were filled with a yellow, glistening, viscous fluid with a fatty consistency. The muscular anatomy of the left lateral thigh area was severely distorted due to the locally invasive nature of the mass. Poor demarcation of the tumor hindered the wide excision of the tumor with safety margins and the patient died during the surgery. Part of the resected tumor mass in 10 % neutral buffered formalin was submitted for histopathology, which revealed a focally infiltrative, non-encapsulated, multilobulated neoplasm composed of polygonal to spindle cells that are solidly cellular or arranged in short streams separated by a fine fibrovascular stroma (Figure 3). Neoplastic cells had indistinct cell borders and a moderate amount of eosinophilic cytoplasm that contained one large distinct, clear vacuole or several small distinct vacuoles. Nuclei were round to oval, occasionally centrally located, and vesiculated with a prominent magenta nucleolus (Figure 3). The average mitosis was 2 per HPF. Marked anisokaryosis and anisocytosis were present. The center of the neoplastic lobule was necrotic. Multifocal mild hemorrhages admixed with few hemosiderin-laden macrophages were evident, was done as in Case 1 and no abnormality was detected in hematology and blood chemistry findings. Surgical resection diagnosis can be challenging due to morphological dissimilarities found in different areas of the same tumor (Castro et al., 2014). Therefore, the histopathological examination is the preferred method to provide the most confirmative diagnosis. Although excision of the tumor with safety margins had been shown to be curative (Castro et al., 2014) the two cases were presented at a comparatively late stage, so surgical resection with safety margins was not possible.

**CONCLUSION**

Wide excision of the tumor with safety margins is curative for this type of tumors. Even though most cases do not produce distant metastasis, they are highly invasive making surgical resection difficult and complicated when attempted at late stages. Therefore, early detection warrants for surgical resection with wide margins and complete removal of the neoplasm could be curative.

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REFERENCES

