Contents

EDITORIAL

Indian festivals: Ethos and health impact
Yeolekar ME, Bavdekar SB

ORIGINAL ARTICLES

A prospective randomized comparative study of the effects of intranasal and transdermal 17 β-estradiol on postmenopausal symptoms and vaginal cytology
Odabaşı AR, Yüksel H, Demircan SS, Kaçar DF, Çulhacı N, Özkar EE

Miliary tuberculosis in human immunodeficiency virus infected patients not on antiretroviral therapy: Clinical profile and response to short-course chemotherapy
Swaminathan S, Padmapriyadarsini C, Ponnuraja C, Sumathi CH, Rajasekaran S, Amerandran VA, Reddy MVK, Deivanayagam CN

Retrospective study of severe cases of leptospirosis admitted in the intensive care unit
Ittyachen AM, Krishnapillai TV, Nair MC, Rajan AR

Field rats form a major infection source of leptospirosis in and around Madurai, India

Regional brain metabolism in schizophrenia: The influence of antipsychotics
Seethalakshmi R, Parkar SR, Nair N, Batra SA, Pandit AG, Adarker SA, Baghel NS, Moghe SH

CASE REPORTS

Tumoral calcinosis of the foot with unusual presentation in an 11-year-old boy: A case report and review of literature
Mohamed S, Jong-Hun J, Weon-Yoo K

Immune reconstitution inflammatory syndrome in a patient with cryptococcal lymphadenitis as the first presentation of acquired immunodeficiency syndrome
Tahir M, Sharma SK, Sinha S, Das CJ

Great auricular nerve involvement in leprosy: Scope for misdiagnosis
Ramesh V, Jain RK, Avninder S

IMAGES IN RADIOLOGY

Snap sound and detumescence: Fracture penis
Rao A, Surendrababu NRS

REVIEW ARTICLE

One gene, many phenotypes
Prasun P, Pradhan M, Agarwal S

VIEW POINT

Religion, spirituality, health and medicine: Why should Indian physicians care?
Chattopadhyay S
A massive myxoid liposarcoma with hyperferritinemia

Sir,

Liposarcomas are one of the most common sarcomas of adulthood. The following case discusses a gentleman who presented with a massive abdominal myxoid liposarcoma associated with significant hyperferritinemia. We present the case and a discussion of hyperferritinemia and neoplasms, with reference to the potential of ferritin as a marker of disease recurrence.

A gentleman of 82 years of age presented with epigastric pain. Initial investigations were unremarkable except for a serum ferritin of 1542 ng/ml. An ultrasound scan was performed, which showed a large complex cystic mass in the epigastrium slightly to the left of the midline, containing echogenic material with thickened walls and septae in parts [Figure 1]. A repeat serum ferritin assay was 2190 ng/ml. All other routine blood tests were again unremarkable. The patient wanted no further investigations. Six months later in June of the following year he developed acute abdominal pain. A CT scan at that time revealed a mass 30 x 30 cm with calcification within it. It displaced the colon around it and engulfed the stomach and duodenum. The patient underwent a laparotomy and the huge mass was resected. Histology later confirmed the mass to be a myxoid liposarcoma with clear resection margins and no involvement of surrounding organs [Figure 2].

He was reviewed in the outpatients department four months after surgery. His serum ferritin had returned to the normal range. He failed to attend further outpatient follow-up appointments and contact was lost with him. Two years later the patient presented acutely with a palpable lump at the site

Figure 1: Ultrasound of abdomen showing the myxoid liposarcoma when first discovered

Figure 2: Myxoid liposarcoma composed of lipoblasts with a delicate branching vascular network (H/E, x200)

Figure 3: CT scan image showing recurrence of the myxoid liposarcoma in the abdominal wall subcutaneous tissues
of his previous laparotomy scar. This was shown to be a local recurrence of the myxoid liposarcoma in the subcutaneous tissue of his abdominal wall [Figure 3], rather than a metastasis and was associated once more with a rise in serum ferritin to 1687 ng/ml that could not otherwise be accounted for. However, he refused any further intervention and preferred to be left alone with no further follow-up. He has not re-presented to the hospital and is still thought to be alive.

Of the soft tissue sarcomas, liposarcomas are the most common in adults. The most recent World Health Organization classification of soft tissue tumors recognizes five categories of liposarcomas: (1) well-differentiated; (2) dedifferentiated; (3) myxoid; (4) round cell; and (5) pleomorphic. Diagnosis is often late in retroperitoneal liposarcomas after the tumor has reached considerable size. Symptoms tend to not develop until other abdominal organs are being affected, with pain being the predominant symptom. The mainstay of treatment is surgical resection by wide local excision, which provides the best outcomes. Local recurrence is common however. Low-grade liposarcomas including myxoid tumors have the lowest metastatic potential, this justifies repeated resections for local recurrences.[1]

Hyperferritinemia has been reported on several occasions in patients with neoplastic disease. Significantly high serum ferritin levels have been found in patients with breast cancer; among this group there was also a significant correlation with increased serum ferritin and lymph node involvement.[2] Other research has shown correlation between serum ferritin levels and the clinical stage and bulk of breast tumors.[3] Pinto et al. examined preoperative levels of ferritin in patients with epithelial ovarian cancer and found that the mean serum concentration was significantly elevated compared to a control group. Positive correlation was also noted between ferritin levels and advancing disease stage.[4] Serum ferritin levels may also be a useful marker for diagnosing and staging renal cell carcinoma (RCC). Miyata et al., investigated a link between preoperative serum ferritin and tumor stage in RCC. It was concluded that elevated serum levels of ferritin might be suggestive of distant metastases.[5] Furthermore a study by Milman and Pedersen concluded that serum levels of ferritin have prognostic value in patients with primary lung cancer, even after adjustment for confounding factors.[6]

In this case, the serum ferritin appears to be a marker for the tumor. To this date, we can find no previously reported case of a very high serum ferritin associated with any type of liposarcoma, which returned to normal following resection of the tumor and rose again with recurrence. It may be that serum ferritin could be used in some cases to assess the possibility of recurrence of liposarcoma during follow-up.

Acknowledgments

The authors wish to thank the staff of the histopathology lab at Stepping Hill and Dr. Kate Morgan, Consultant Histopathologist, Stepping Hill Hospital, Stockport.