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**CLINICAL AND TREATMENT ASPECTS OF RETROPERITONEAL SARCOMAS
(LITERATURE REVIEW)**

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Soft tissue sarcomas are rare tumors accounting for 1% of adult malignancies. Retroperitoneal sarcomas are rare tumors that usually present with abdominal discomfort and palpable mass. Retroperitoneal tumors generally grow silent until compression of the surrounding organs produces symptoms. Sarcoma is a group of malignant tumors that arises from mesenchymal cells, and constitutes 12% of all solid tumors, the second most affected place being the retroperitoneal space. The basic treatment in retroperitoneal tumors being surgical treatment, chemotherapy and radiotherapy.

Collected data from scientific specialty literature, that were found in Google Scholar Search, and from published studies on PubMed, Scopus, International practice clinic guidelines, NCCN, ESMO. The including criteria was the articles that contained the topic of "Retroperitoneal tumors".

Were analyzed 50 articles in the period of 2019-2021 that contained the topic of "Retroperitoneal sarcomas". The most frequent histological type was liposarcoma, and leiomyosarcoma was found only in 5-10% of cases. Retroperitoneal tumors generally grow silent until compression of the surrounding organs produces symptoms. The CT scan has a rate of diagnostic accuracy of 97% in the case of TRP. MRI they appear as hypointense masses on T1-weighted images and hyperintense on T2 3. It generally appears as a solitary, well-encapsulated, firm and rounded mass with a smooth surface. Retroperitoneal tumors have traditionally been excised using a standard open technique, even for those malignant with invasion of large vessels or neighboring organs.

Retroperitoneal tumors generally grow silent until compression of the surrounding organs produces symptoms. SRP has an aggressive evolution with the relapse rate of 50-60%, with the most frequent histological type being liposarcoma, and leiomyosarcoma found only in 5-10% of cases. Total excision is therapeutic and has a good prognosis; however, a local recurrence rate of 10% -20% is attributed to incomplete resection.