

## Managing the Retroperitoneal Tumors – 23 Years Single Center Experience

**Introduction and Objective:** The aim of this study was to present our experience in managing retroperitoneal tumors knowing that these special tumors represent a big challenge for many surgeons.

**Materials and Methods:** Between January 1989 and January 2012, 166 patients with retroperitoneal tumors other than kidney or adrenal gland were accepted in our department. A total of 108 males and 58 female were diagnosed with primary or secondary retroperitoneal tumors. Clinical findings were represented by lumbar pain, tumor, digestive symptoms, fever, reno-vascular hypertension, and signs of compression (vena cava, vena porta). Imagistic evaluation was represented by abdominal ultrasound, IVP with major signs of urinary tract obstruction. CT and MRI represented the gold standard examinations. Imagistic protocol was completed with pulmonary radiography, renal and bone scintigraphy, Doppler ultrasound for vessels and digestive endoscopy. CT or ultrasound guided biopsy was not a routine in our department.

**Results:** Surgery was performed in 160 cases. The trans-peritoneal approach was considered in 96% of cases. Different operations were performed according to the extension and the stage of the tumor as follows: tumorectomy combined with nephrectomy and adrenalectomy, simple radical tumorectomy, vena cava resection, haematoma drainage, surgical cure of cyst, tumorectomy and bowel resection, duodenum resection, tumorectomy and caudal pancreatectomy, laparotomy and biopsy. The pathological study of retroperitoneal tumors was dominated by different sarcomatous types in 108 cases. Other patients presented various types of histological findings: neuroblastoma, benign soft tissue tumors, benign cysts, old haematoma, lymphoma and some of them secondary, metastatic retroperitoneal tumors.

**Conclusions:** Retroperitoneal tumors were detected frequently in advanced stages, due to non-specific clinical signs and to their deep position. Pain, tumor and compression represented the main clinical findings. CT and MRI were a must for the evaluation of these tumors. Trans-peritoneal approach was preferred and different conditions such were invasion of neighborhood structures, extension and lymph node dissection were solved using this way. Because retroperitoneal tumors were in many cases sarcomas, which are well-known chemo- and radio-resistant, surgery represented the main curative treatment.