



Lung Cancer

SESSION TITLE: Fellow Case Report Poster - Lung Cancer

SESSION TYPE: Affiliate Case Report Poster

PRESENTED ON: Tuesday, October 25, 2016 at 01:30 PM - 02:30 PM

Solitary Fibrous Tumor: A Giant Pleural Mass

Narat Srivali MD*; and Sean Caples DO Mayo Clinic, Rochester, MN

INTRODUCTION: Solitary fibrous tumor of pleura (SFTP) is a rare tumor, which represents less than 5% of all pleural tumors. We present a case of SFTP presented to with progressive dyspnea and subsequently work up found out to have SFTP.

CASE PRESENTATION: 55- year-old man presented to our institution with slowly progressive exertional dyspnea over the preceding five weeks in conjunction with loss of appetite and 10 kilograms weight loss. Chest CT(computed tomography) demonstrated a large mass in the right hemithorax (Fig.1A), Characterization by MRI (magnetic resonance imaging) revealed massive 19.0 x 13.8 x 19.3cm heterogeneously enhancing mass with slightly lobulated margins (Fig. 1B) and ¹⁸FDG PET (Fluorodeoxyglucose positron emission tomography) scan showed heterogeneously FDG avid mass fills the lower one half of the right thoracic cavity(Fig. 1C). Ultrasound-guided biopsies of the mass were taken and subsequently transsternal resection of huge tumor of the pleura was performed. Gross examination (Fig. 2A) and microscopic histopathology (Fig. 2B) demonstrated malignant solitary fibrous tumor. Currently, the patient remains well without clinical or radiographic evidence of disease recurrent.

DISCUSSION: SFTP is mostly isolated, well-defined masses while multifocal ones are rare.[1] The most common symptoms are cough, chest pain, or dyspnea.[2] Sometimes, large tumors can produce symptomatic atelectasis or in rare cases hemoptysis by compression of a bronchus.[2] After an initial approach with chest x-rays, CT scan and MRI of the chest are the best procedure in order to study more clearly the size and location of the tumor and to plan surgery. SFTP cannot be diagnosed only by radiological tools[2] and transthoracic tissue biopsy is essential to reach a diagnosis.[2] The only effective treatment of SFTP is surgical resection removing pulmonary parenchyma compression and allowing the reexpansion of the lung.[1,2]

CONCLUSIONS: In conclusion, SFTP is rare benign tumor. Our patient illustrates the importance of careful clinical evaluation, interpretation of imaging and role of early biopsy to get accurate diagnosis and prompt surgical treatment.

Reference #1: Cardillo G, Carbone L, Carleo F, et al. Solitary fibrous tumors of the pleura: an analysis of 110 patients treated in a single institution. *The Annals of thoracic surgery*. 2009;88:1632-1637.

Reference #2: Rakovich G, Laflamme M, Ouellette D, Beauchamp G. Solitary fibrous tumour of the pleura: A case report. *Canadian respiratory journal : journal of the Canadian Thoracic Society*. 2010;17:113-114.

DISCLOSURE: The following authors have nothing to disclose: Narat Srivali, Sean Caples

No Product/Research Disclosure Information

DOI: <http://dx.doi.org/10.1016/j.chest.2016.08.769>

Copyright © 2016 American College of Chest Physicians. Published by Elsevier Inc. All rights reserved.