Solitary fibrous tumour of the pleura causing bulging of the thoracic wall in a 44-year-old man

A 44-year-old male patient presented with right chest pain for 6 years, along with progressive swelling in the same region. He did not report fever, weight loss, trauma or previous surgery. On physical examination, a 5 cm focal bulge was observed in the right hemithorax just below and medial to the nipple (figure 1). Chest x-ray showed opacification of the anterior lower third of the right hemithorax (figure 2), which on CT scan corresponded to a heterogeneous mass, compressing the right lung parenchyma and the mediastinum, partially protruding through the chest wall (figure 3). These findings were confirmed by an MRI scan, which also showed that there were no signs of cardiac invasion (figure 4, online supplementary movies 1 and 2). A transparietal biopsy of the mass revealed a proliferative lesion with fusocellular areas. Immunohistochemical examination was compatible with solitary fibrous tumour of the pleura. Surgery was indicated and a heterogeneous pale mass measuring 12.5 cm in diameter was removed confirming the diagnosis (figure 5). Pathology showed an absence of rib or muscular infiltration, while the adjunct lung showed recent haemorrhage. Postoperative recovery was uneventful and the patient was discharged from the intensive care unit on the first postoperative day and from the hospital on the fifth postoperative day.

Solitary fibrous tumour of the pleura is an infrequent tumour (5% of pleural neoplasms) originating from mesenchymal tissue and is benign in 80% of cases. It affects both sexes equally and is not related to tobacco or asbestos. Its origin may be from the visceral pleura (80%) or from other regions with mesenchymal cells—parietal pleura, pericardium, peritoneum or the tunica albuginea. It is usually asymptomatic, but tumours larger than 10 cm frequently cause non-specific symptoms such as cough, dyspnoea and thoracic pain. Rarely, it causes hypoglycaemia or hypertrophic osteoarthropathy. Malignancy criteria include abundant cellularity, more than four mitoses per 10 fields at high magnification, cytological atypicality, large haemorrhage/necrosis areas, pleural effusion and invasion of adjacent structures. Treatment consists of complete resection when possible, or radiotherapy/chemotherapy in cases with malignant degeneration.

Gilberto Szarf,1 Alex Rocha Obac,1 Renato de Oliveira,2 Erica Rymkiewicz,2 Luiz Eduardo Villaca Leao,2 Henrique M Lederman1

1Department of Radiology, Federal University of Sao Paulo, Sao Paulo, Brazil; 2Department of Thoracic Surgery, Federal University of Sao Paulo, Sao Paulo, Brazil

Figure 1 Focal bulging in the right hemithorax, as seen on physical examination.

Figure 2 Chest x-ray showing opacification of the anterior lower third of the right hemithorax, with well-defined borders.
Correspondence to Dr Gilberto Szarf, Rua Sergipe 605 apt. 73, Sao Paulo SP 01243-001, Brazil; gszarf@yahoo.com.br

Additional movies are published online only. To view these files please visit the journal online (http://thorax.bmj.com/content/67/4.toc).

Acknowledgements The authors would like to thank Andrea Puchnick for editing assistance.

Competing interests None.

Patient consent Obtained.

Ethics approval This study was approved by the IRB of the Federal University of Sao Paulo.

Contributors All authors contributed extensively to the work presented in this paper.

Provenance and peer review Not commissioned; externally peer reviewed.

Received 28 June 2011
Accepted 1 August 2011

Published Online First 27 August 2011


REFERENCES


Solitary fibrous tumour of the pleura causing bulging of the thoracic wall in a 44-year-old man

Gilberto Szarf, Alex Rocha Obac, Renato de Oliveira, Erica Rymkiewicz, Luiz Eduardo Villaca Leao and Henrique M Lederman

Thorax 2012 67: 374-375 originally published online August 27, 2011
doi: 10.1136/thoraxjnl-2011-200701

Updated information and services can be found at:
http://thorax.bmj.com/content/67/4/374

These include:

References
This article cites 2 articles, 1 of which you can access for free at:
http://thorax.bmj.com/content/67/4/374#BIBL

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Topic Collections
Articles on similar topics can be found in the following collections

- Thorax Images in Thorax (149)
- Screening (oncology) (407)
- Radiology (diagnostics) (812)
- Adult intensive care (179)
- Environmental issues (253)
- Journalology (123)
- Lung cancer (oncology) (670)
- Lung cancer (respiratory medicine) (670)
- Lung neoplasms (608)

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/