

Correspondence

Giant fibromyxoma of the parietal pleura

Sir,—We shall shortly be publishing a report of another patient with a giant fibrous mesothelioma in whom a massive pleural effusion was also originally suggested by physical findings (Kniznik *et al*, in press). The patient had symptoms and signs of severe non-obstructive ventilatory incapacity, congestive heart failure, and hypoglycaemic episodes in addition to the features described in *Thorax*, 1978, 33, 520.

(1) Congestive heart failure. Constrictive pericarditis or myocardial restriction was suggested by increased right heart pressures with nearly similar diastolic plateaux. The right ventriculogram however showed normal contractility, and a normal pericardium was seen during surgery. Complete postoperative recovery of haemodynamics with normal contour of right ventricular pressure tracings pointed to cardiac compression as the cause of the preoperative findings. In the absence of haemodynamic studies in the report it is difficult to know whether impaired venous return was to blame for heart failure.

(2) Repeated hypoglycaemic episodes that disappeared after surgery. In one of them insulin was absent from plasma. A diabetic type blood sugar tolerance curve was accompanied by low serum immunoreactive insulin levels. These facts show insulin-independent hypoglycaemia and preservation of the homeostatic glucose-insulin servomechanism. Since normal glucose tolerance and insulin levels were found after surgery this effect may be attributed to one of the various mechanisms suggested to explain hypoglycaemia of extrapancreatic tumours.

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Reference

Kniznik, D O, Roncoroni, A J, Rosenberg, M, Olmedo, G, and Cohen, H. Giant fibrous pleural mesothelioma associated with myocardial restriction and hypoglycemia. *Respiration*. In press.