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A GIANT MALIGNANT SOLITARY FIBROUS TUMOR OF THE PLEURA

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TITLE

A GIANT MALIGNANT SOLITARY FIBROUS TUMOR OF THE PLEURA.

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Key words: solitary fibrous tumors of the pleura, intrapericardial pneumonectomy, wall and diaphragm resection, adjuvant therapy.

Malignant solitary fibrous tumors of the pleura (SFTP) are aggressive tumors with a recurrence rate between 0% and 42.9% (1). Surgical resection is the standard treatment (1-2).

A 50-year-old male patient presented with a 3 months history of 10 kg weight loss, dyspnea, chest pain, and anemia. A computed tomography (CT) scan showed a 12 x16 cm mass with compression of mediastinum (Fig 1 a and b). The patient underwent a left intrapericardial pneumonectomy with an en bloc resection of the 4th -7th left ribs and a segment of diaphragm (Fig 1 c: L- Lung, R- Ribs, D-Diaphragm). The chest wall and diaphragm defects were closed using a 20 x 15 cm composite polyester with collagen film (SYMBOTEX™) (Fig 1 d) and a 10 x15 cm titanised polypropylene (TILENE®) mesh respectively.

Histologically the specimen showed a 16 x 19 x 17 cm, 2 kg SFTP infiltrating into the lung parenchyma, 4th rib and diaphragm with more than 2 cm free resection margins. The tumor had hypercellularity, atypia, dedifferentiation,

pleomorphism, and 6 mitosis/10 high-power fields (HPFs). Immunohistochemically expressed vimentin and CD34. The tumor was classified as SFTP with high malignant potential. The patient started adjuvant therapy with adriamycin and doxorubicin regime.

Informed consent.

The authors have obtained the informed consent of the patient. This document is held by the corresponding author.

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Authorship contributions:

JRTB conceived and designed the study. JRTB, OAFG and SSL contributed to the writing of the manuscript, revised the article critically and approved the final version.

Conflict of interest of every author.

The *authors have no conflicts of interest to declare that might be directly or indirectly related to the manuscript contents.*

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Figure 1a and b. A chest CT showed a 12 x16 cm mass with compression of mediastinum. 1c. Specimen after a left intrapericardial pneumonectomy with an en bloc resection of the 4th -7th left ribs and a segment of diaphragm (L- LUNG, R- RIBS, D- DIAPHRAM). 1d. Closure of the wall defect using a 20 x 15 cm composite polyester mesh with collagen film (SYMBOTEX™).

