

Clinical Image

Deferred Locoregional Recurrence of Pleural Mesothelioma<sup>☆</sup>



Recidiva locorregional diferida de mesotelioma pleural

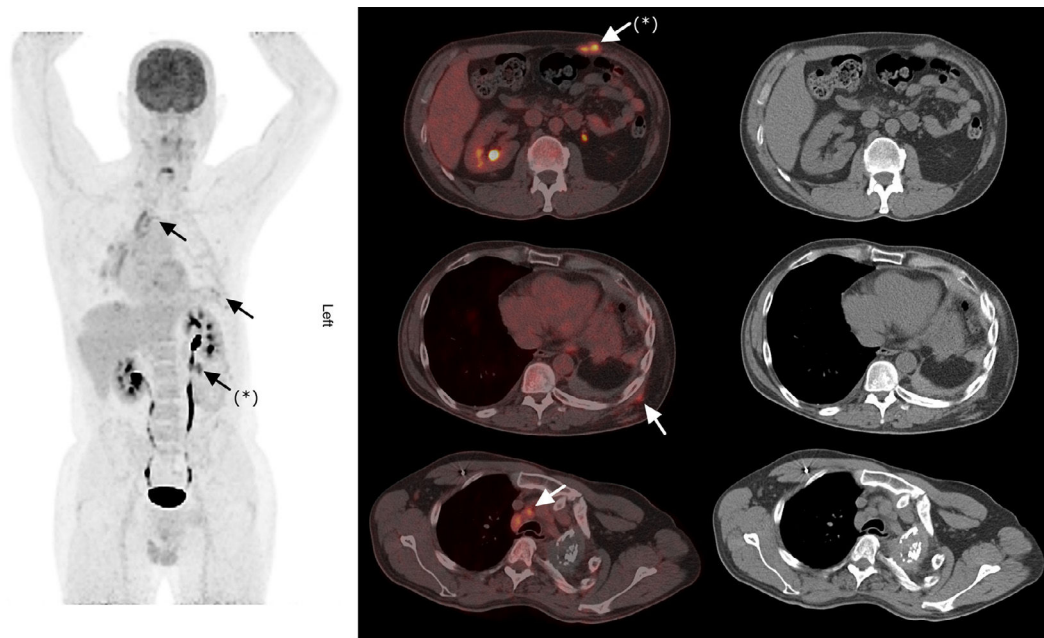
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Malignant mesothelioma is a mesodermal tumor that originates in the serous membrane of the pleura, peritoneum, and, occasionally, the pericardium and tunica vaginalis of the testes. Relapse is generally locoregional, with invasion of adjacent tissues, but hematogenous metastatic dissemination has very occasionally been described.<sup>1</sup> Musculoskeletal recurrence after a long disease-free period is extremely rare, with few cases reported in the literature.<sup>1,2</sup>

We report the case of a 54-year-old patient with a history of pleuropneumectomy, phrenicectomy, and pericardiectomy for left pleural mesothelioma, with metastatic splenectomy 2 years later. After a disease-free period of 14 years, computed tomography revealed small mediastinal lymphadenopathies and a solid nodule with polylobulated contours in the sheath of the rectus abdominus muscles. PET-CT extension scan with 18FDG showed hypermetabolic lesions (Fig. 1, arrows) in the lymph nodes, mediastinum,



**Fig. 1.** Maximum intensity projection (MIP) image and axial slices from the 18FDG PET-CT, showing hypermetabolic deposits of tracer in the mediastinal lymph nodes and locoregional deposits in the left serratus anterior muscle, the rib cage, and left rectus anterior abdominus (arrows), and changes resulting from surgical history in the left hemithorax. The lesion with the highest metabolic rate was located in the left rectus anterior abdominus (asterisk), with SUVmax 5.7.

<sup>☆</sup> Please cite this article as: García-Gómez FJ, García-Manrique T, Castro-Montaño J. Recidiva locorregional diferida de mesotelioma pleural. Arch Bronconeumol. 2017;53:584–585.

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and muscle planes of the left serratus anterior muscle, rib cage and the left rectus anterior muscle of the abdomen (Fig. 1, asterisk), in which a maximum SUV of 5.7 was recorded. Infiltrating epithelial mesothelioma was confirmed by abdominal muscle biopsy, and treatment started with cisplatin-pemetrexed.

Although the possibility is remote, diffuse locoregional recurrence should be considered in a patient with a history of malignant pleural mesothelioma, so that prompt and effective treatment can be offered.

## References

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2. Bille A, Chicklore S, Okiror L, Cook GJ, Spicer J, Landau D, et al. Patterns of disease progression on 18F-fluorodeoxyglucose positron emission tomography-computed tomography in patients with malignant pleural mesothelioma undergoing multimodality therapy with pleurectomy/decortication. *Nucl Med Commun*. 2013;34:1075–83.