



Continual Recurrent Solitary Pleural Fibrous Tumour

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Clinical Image

We report a 78-year-old male with repeatedly recurrent pleural fibroma which necessitated three previous surgical resections. The patient was initially diagnosed with pleural fibroma with sarcomatous changes and underwent surgical resection in 2002 through left thoracotomy. He was put under regular follow up and was noted to have a second recurrence in 2006 which impelled further surgical resection. In 2009, he sustained a further recurrence and was kept under close follow up until November 2010 when he became symptomatic with hypoglycaemic episodes secondary to insulin secreting tumour in the mediastinum that was controlled with octreotide and interferon. The patient was elected to undergo another resection that was done in 2012 for a sizable 12 cm wide mass in left lung base as revealed on CT of his chest (Figure 1). Serial follow-up CT scans demonstrated further recurrence of the tumour. Hence, in 2016, CT imaging showed the incremental increase of the tumour bulk and size from 18 cm to 20 cm (Figure 2). The tumour was extrinsically compressing on the heart. Subsequently, the patient developed signs and symptoms of heart failure. His case was discussed on at the joint cardiothoracic surgery and lung multidisciplinary team (MDT) meeting and was agreed that best option in the patients' best interest will be another surgical trial for removal of the mass considering severity of the symptoms and the size of the mass.

The patient was scheduled to have surgery which was performed via median sternotomy approach utilizing cardiopulmonary bypass (CPB). Operative findings revealed a highly vascularized mass causing intractable massive bleeding. The patient was unable wean off CPB and expired intraoperatively. The histopathology report confirmed yet again recurrent pleural fibroma.

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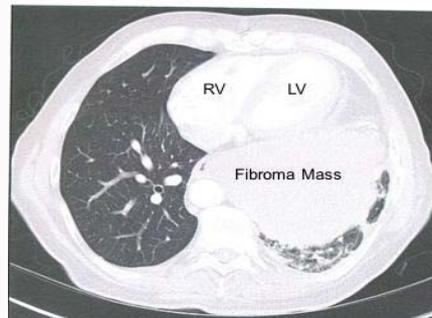


Figure 1: CT scan of chest in 2012 showing a 12 cm size left sided mass, recurrent pleural fibroma, Right Ventricle (RV), Left Ventricle (LV).

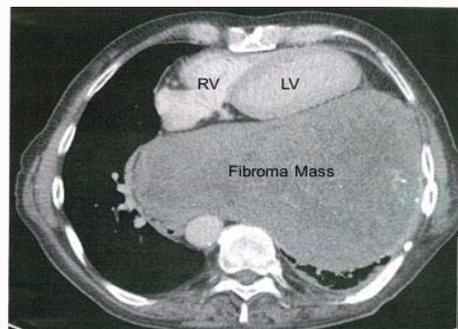


Figure 2: CT scan of chest in 2016 showing massive 20 cm size left sided mass compressing the heart and mediastinal shift to right, Right Ventricle (RV), Left Ventricle (LV).