



Solitary Fibrous Tumor of the Pleura that Grows Outside the Chest Cavity

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Clinical Image

A 32-year-old woman was visited due to palpable mass on the right flank without pain. Chest computed tomography was showed 3.2 cm sized well-defined hypervascular tumor which has low attenuation inside. It is judged as necrosis or cystic degeneration (Figure 1). The patient underwent mass removal *via* thoracotomy without chest wall reconstruction. SFTP was diagnosed by pathologic finding, which is spindle cell proliferation with irregularly dilated vessels. Postoperative course was uneventful during a 1-year follow-up period.

SFTP is rare tumor arising from the pleura [1]. Most of these tumors are benign, but some are malignant, so histological diagnosis is important [2]. The characteristic finding on computed tomography is a heterogeneous mass with soft tissue attenuation and it has a lot of blood vessel



Figure 1: Chest computed tomography was showed 3.2 cm sized well-defined hypervascular tumor which has low attenuation inside arising from the pleura toward extra thorax.

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Received Date: 04 Feb 2021

Accepted Date: 05 Mar 2021

Published Date: 08 Mar 2021

Citation:

Kim T, Kwang Lee S, Hyung Son J. Solitary Fibrous Tumor of the Pleura that Grows Outside the Chest Cavity. *Clin Surg.* 2021; 6: 3096.

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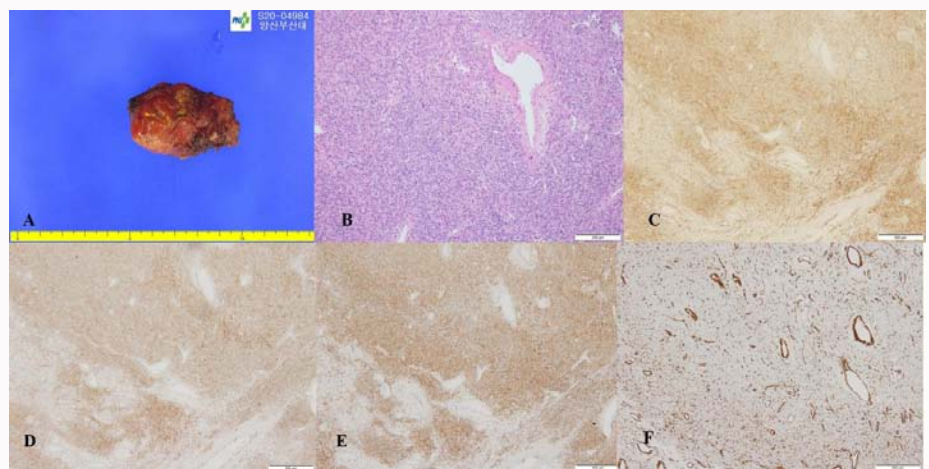


Figure 2: A) A well-defined 5.2 cm × 3.7 cm sized yellow white solid mass was resected. B) Pathologic finding is spindle cell proliferation with irregularly dilated vessels (hematoxylin-eosin, original magnification 100x). C-E) Positive staining in CD34, CD99 and BCL2 immunohistochemistry, original magnification 40x. F) Negative staining in SMA immunohistochemistry, original magnification 40x.

distribution inside [3]. In most cases, it showed a pattern of growing into the thoracic cavity, but in this case, the tumor was unusually grown outside the thoracic cavity. Treatment is achieved possible through complete surgical resection and prognosis is excellent [4]. In the case of subcutaneous tumors, the surgical plan should be made with the possibility of SFTP in mind.

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