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Mediastinum and Systematic Nodal Dissection



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SURGICAL APPROACH IN LOCALIZED PLEURAL MESOTHELIOMA: A CASE REPORT

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Introduction / Objectives

Pleural mesothelioma (PM) is a rare and aggressive neoplasm, with an incidence of 183 cases per 100,000 inhabitants per year in Europe, representing 0.2% of all new malignant tumours. Localized pleural mesothelioma (LPM), a subtype of PM, is an exceedingly unusual condition, accounting for only 0.5%-1.6% of diagnosed mesotheliomas. Unlike diffuse pleural mesothelioma (DPM), LPM presents as a solitary mass without diffuse pleural spread, offering a better prognosis when treated surgically with a median survival period of 56-58 month post-surgery.

Material and methods

We present a 72-year-old male with a history of occupational fiberglass exposure who developed LPM in the left hemithorax. Diagnostic imaging and biopsy confirmed an epithelioid subtype of LPM, staged as IB. The patient underwent successful radical surgery with en bloc resection of the tumour with disease-free margins. Costotomy of the 2nd to 5th left rib arches and wedge resection of the left upper lobe were performed. Osteosynthesis was achieved with two stapling and bar systems anchored and a Gore-Tex[®] mesh was placed to prevent lung herniation.

Results

Postoperative recovery was uneventful. The patient received adjuvant chemotherapy with cisplatin and pemetrexed and remains disease-free 16 months post-treatment.

Conclusions

This case emphasises the rarity and clinical importance of LPM, highlighting the successful outcome achieved through a combination of radical surgery and adjuvant chemotherapy. Despite the absence of standardized treatment protocols due to its rarity and lack of scientific evidence, this case contributes to supporting curative-intent surgery as a viable option for LPM.