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11th International Meeting on General Thoracic Surgery



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10th International Workshop on Surgical Exploration of the
Mediastinum and Systematic Nodal Dissection



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Surgery, Techniques & Transplant, Respiratory Nursing
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Society of Pneumology and Thoracic Surgery (SEPAR)



3rd Joint Meeting of the Spanish Society of
Thoracic Surgery (SECT)



30th Congress of the "Asociación Iberoamericana
de Cirugía Torácica" AIACT



10th International Workshop on Surgical Exploration of the
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GIANT MALIGNANT SOLITARY FIBROUS TUMORS OF THE PLEURA

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Objective.

Malignant solitary fibrous tumors of the pleura (MSFTP) have a 63% recurrence rate. The aim of this study is to show the management of a SFTP with high malignant potential.

Methods.

This is a retrospective study of 2 patients operated on giant MSFTP between January 2016 and July 2024.

Results

Patient 1: 53-year-old woman asymptomatic. By computed tomography (CT) scan (an 18x 12 cm mass in the left chest). Underwent lung wedge resection with the tumor and short segment of diaphragm. Histology showed SFTP, 3 mitosis/10 high-power fields (HPF) with infiltration of resection margins. Resection of recurrences at 5 years (chest wall), 6 years (bilateral latissimus dorsi muscle), 7 years (anterior mediastinum) and 8 years (anterior mediastinum). Currently, mediastinal and wide lymphatic recurrence with chemotherapy. Patient 2: 50-year-old man (10 kg weight loss, dyspnea and chest pain). By CT (a 16 X12 cm mass with compression of mediastinum). Underwent a left intrapericardial pneumonectomy with en bloc resection of the 4th -7th left ribs and a segment of diaphragm. Histologically (2 kg SFTP infiltrating into the lung parenchyma, 4th rib and diaphragm with free resection margins. Atypia, dedifferentiation, pleomorphism, and 6 mitosis/10 HPF). Adjuvant therapy with adriamycin and doxorubin regime. Brain recurrence at 6 months with radiotherapy.

Conclusions

The clinical course of MSFTP can be unpredictable. Recurrences can occur even with complete resection and current chemotherapy regimens. They require a stricter lifelong follow-up protocol.