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The management of malignant pleural mesothelioma

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there was a local recurrence of the tumor 2 years after the last operation on the thorax (right upper lobe of the lung, right pulmonary hilum, and behind the sternum). Surgical resection was not indicated because a right pneumonectomy under permanent left phrenic paralysis would have been necessary for a complete resection. Concurrent chemoradiotherapy using cisplatin (10 mg) + 5-FU (50 mg) twice a week for 1 month (irradiation 66 Gy totally) was effective and the patient is doing well 1.5 years after treatment and 16 years after the primary operation.

I would like to emphasize the importance of long-term follow up of the patient with this tumor. In our case, the first local recurrence was seen 5 years after the primary operation followed by prophylactic adjuvant chemotherapy. In recent reports, Tsuchida et al. [2] described one long-term survivor of this tumor who had a recurrence 6 years after the primary operation and another who had a recurrence 8 years after the primary operation. It would be suggested that this tumor is malignant but slow-moving. Body CT scanning is required for long-term postoperative follow-up to find small tumor recurrences and it would be concluded in the early surgical intervention.

In conclusion, because this is a rare tumor, it is very difficult to collect evidence for appropriate treatment in a prospective study. As thoracic oncologists, it is our responsibility to report our experiences with these cases on a global scale.

References

- [1] Sakuragi T, Rikitake K, Natsuaki M, Itoh T. Complete resection of recurrent thymic carcinoid using cardiopulmonary bypass. *Eur J Cardiothorac Surg* 2002;21:152–154.
- [2] Tsuchida M, Yamamoto Y, Hashimoto T, Saito M, Ayashi J. Recurrent thymic carcinoid tumor in the pleural cavity. 2 cases of long-term survivors. *Jpn J Thorac Cardiovasc Surg* 2001;49:666–668.

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Letter to the Editor

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We read with interest the excellent paper of Aziz and colleagues presented by Dr. Prakash at the 2001 EACTS/ESTS Meeting in Lisbon [1]. We have three questions for the authors which we would like to be addressed:

1. The Authors performed 47 decortications/pleurectomies (D/P) and 64 extrapleural pneumonectomies (EPP): we assume that the authors consider D/P only as palliative treatment for a 'locally extensive disease' otherwise not suitable for curative surgery. In our series of 65 patients operated on in the last 4 years, we were able to perform 48 EPP, 11 palliative D/P and six radical D/P in patients with Stage T1a (two cases) or T1b (four cases), thus sparing the lung when the visceral pleura was not involved. At a median follow-up of 48 months the patients submitted to radical D/P do not present sign of loco-regional recurrence and present a survival comparable to patients receiving EPP. Did the Authors ever consider a radical D/P in the early stages without involvement of the visceral pleura?
2. The Authors obtained a preoperative diagnosis by open pleural biopsy. Did they consider thoracoscopy in the preoperative diagnosis of mesothelioma in patients with pleural effusion?
3. In the Discussion, Dr. Prakash states that in the presence of peritoneal involvement the outcome of the patients is poor. Subdiaphragmatic involvement is often difficult to ascertain with standard radiological techniques. MRI and PET scan looks promising but they lack sufficient clinical evidence. We perform laparoscopy when a diaphragmatic invasion is suspected at MRI: did the authors ever consider laparoscopy in these suspected cases?

Again, the authors have to be congratulated for this excellent paper on such a difficult surgical technique.

References

- [1] Aziz T, Jilaihawi A, Prakash D. The management of malignant pleural mesothelioma. Single centre experience in 10 years. *Eur J Cardiothorac Surg* 2002;22:298–305.

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Reply to the Letter to the Editor

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