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A 71-YEAR-OLD FEMALE WITH SOTALITARY FIBROUS TUMOUR OF PLEURA – CASE REPORT

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Sotalitary fibrous tumours (SFTs) are very rare. They usually localize in the pleura (SFTP), accounting for <5% of pleural tumours. 80% of SFTPs originate from the pulmonary pleura. These neoplasms are usually found around the age of 50 years, and their incidence is the same in both sexes. The clinical manifestation - cough, chest pain or dyspnoea - is non-specific. The aim of this presentation is to draw attention to the fact that this neoplasm is accidentally diagnosed in more than half of the patients, and its slow growth and asymptomatic course pose a challenge to the diagnostics process.

A 71-year-old female patient with a metabolically inactive tumour in the left lung was admitted to the Pulmonology Department for evaluation of her condition and further treatment. On admission, the patient's general condition was assessed as good, no abnormalities were found on physical examination. Laboratory tests were normal. The spirometric examination did not reveal any ventilation disorders. Due to the location of the 10x14 mm lesion in segment 6 of the left lung, it was not possible to perform fine-needle biopsy. By the decision of tumour board, which was based on the whole clinical picture, the patient was referred to the Department of Thoracic Surgery for surgery. Videothoracoscopic (VATS) wedge resection of the left lung parenchyma was performed. Intraoperative examination revealed a benign/inflammatory lesion. The final histopathological examination was SFTP with positive immunohistochemical reactions - CD34 and vimentin. The postoperative course was uncomplicated. The patient was discharged home in good general condition.

Histopathological examination using immunohistochemical reaction with CD34 antibody, which is a good marker for isolated pleural fibrous tumour, plays a very important role in the differential diagnosis of tumours originating from the pleura. The differentation should include pleural metastasis, peripheral lung cancer, rare forms of non-epithelial tumours and limited inflammatory lesions. The treatment of choice in SFTP is surgery, but follow-up is important due to the possibility of recurrence several years after resection. Radiotherapy and chemotherapy is not effective in the treatment process.