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J Pediatr Neurol Med 2018, Volume 3
DOI: 10.4172/2472-100X-C1-003

Rare metastatic behavior of biphasic pleural mesothelioma

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A Caucasian gentleman (known asbestos exposure with related pleural changes managed by watchful wait since 2010) was admitted with a 12-week history of reduced sensation in his left leg, back pain, reduced sensation opening his bowels and some difficulty walking reduced proprioception in his leg. This case highlights the variability of clinical presentation given metastatic pleural mesothelioma. Mesothelioma is an uncommon tumor of pleural mesothelioma with a prediction for local invasion. CNS metastasis is rare, particularly intramedullary compression of spinal cord has been seen but remains a rare occurrence and has only been reported merely 8 times. It offers an insight to clinicians to be aware of malignant metastatic mesothelioma as a differential diagnosis is primary cord lesion by taking the relevant clinical history into account. CT chest, abdomen and pelvis with IV contrast performed in June 2016 showed significant size increase of the right pleural disease with disease tapering into the T2/T3 left lateral foramen, which appears obliterated by enhancing mass and loss of the cortical line in the anterior wall of the bony foramen (all this was normal on the previous CT chest, abdomen and pelvis with IV contrast in 2015. There is also new disease on the right chest lower zone affecting the medial and dorsal pleura over the medial and dorsal right lung lower lobe segments. MRI whole spine on the same day of admission showed 23 mm long intramedullary metastasis at T2/T3 level with extensive adjacent cord edema from Upper C6 till T6 and further bony deposit of T8. Biopsy taken under ultrasound from pleural mass tapering into left T3/T4 lateral foramen showed fragments of thickened fibrotic pleura with a biphasic tumor composed of epithelioid and spindle cells. Immunostaining confirmed a biphasic malignant mesothelioma with the tumor cells positive for MNF116 and EMA with focal positivity for CK 5/6 and few cells positive for WT -1, the latter two being mesothelial markers. The tumor was negative for p63, calretinin, desmin, CD34 and TTF-1. Mib-1 showed a proliferative index of about 30%.

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