Sarcomatoid Carcinoma Mimicking Malignant Mesothelioma

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A 72-year-old man with dyspnea was admitted to our hospital. Chest X-rays showed right-sided pleural effusion. After thoracentesis, the chest computed tomography findings, which included pleural nodules and mediastinal pleural thickening, suggested pleural mesothelioma (Picture 1). Thoracoscopy was performed under local anesthesia for a closer examination; it revealed multiple nodules in the parietal pleura. A histological examination of the biopsy specimens revealed multinucleated cells, spindle cells, and necrosis (Picture 2). Immunohistochemistry showed that the tumor cells were positive for CK-7, AE1/AE3, and claudin 4 and negative for calretinin, D2-40, WT-1, CEA, and TTF-1 (Picture 3). The patient was diagnosed with pulmonary sarcomatoid carcinoma. The disease progressed, and the patient died 3 weeks after admission. The pulmonary sarcomatoid carcinoma was reported to have spread to the pleura and chest walls (1). The patient in the present case had prominent pleural tumors with obscure primary lung tumors. Therefore, accurately differentiating between sarcomatoid carcinoma and pleural malignancies is necessary when encountering such cases.

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Reference


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