


eComment: Preoperative embolization for giant thoracic masses

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We read with interest the recent clinical case reported by Triviño et al. on giant solitary fibrous tumor of the pleura [1]. In our experience, the finding of a solitary fibrous tumor (SFT) of the pleura is usually incidental, except those that cause symptoms related to their size or location. We published a clinical case of a patient with syncopal episodes when coughing, due to SFT proximity to the phrenic nerve [2]. At surgery, we found only parietal pleural adhesions. The tumor originated from a single point on the visceral pleura of the lingula. In our opinion, the resection of lung parenchyma underneath the visceral pleural origin of the SFT, as reported by Triviño et al. is advisable.

In the preoperative management of thoracic masses, we usually complete the evaluation of patients with PET and trans-parietal biopsy. Moreover, in cases of bulky lesions such as that reported by the authors, we believe angiography to be important, and eventually an arterial embolization. The identification of the vascular pedicles could be useful in the surgical management of large tumors, preventing uncontrolled bleeding related to poor vision of the operative field. We would like to know whether the authors would agree with our preoperative planning for the management of large thoracic masses such as that presented in their interesting and challenging case.

References
