The role of mechanical irritation, inflammation, or neoplasm as possible triggers for a reactive process, or a form of mesothelial hyperplasia, has been emphasized in the reactive theory. Specifically, the atrial wall is focally very thin and could easily be perforated during cardiac catheterization, leading to the displacement of mesothelial cells into a cardiac chamber. Once exposed to the bloodstream, the mesothelial cells could aggregate with histiocytes and fibrin through an unknown mechanism, forming a loose tissue mass [4]. Nodular histiocytic/mesothelial hyperplasia (NHMH), a similar entity to MICE, is also predominantly composed of histiocytes with scattered mesothelial cells that can occur in the pericardium, pleura, peritoneum, and pelvis [3]. NHMH may also be a reactive lesion which could result from inflammation, mechanical irritation, or tumor. Based on their similar morphologic features and the fact that the term MICE does not exactly reflect the essence of this entity, Hu et al. propose to unify MICE and NHMH and suggest that NHMH might be a better choice [3]. Interestingly, the hypothesis that active cell-to-cell interaction may be involved in the formation of NHMH, due to expression of CD34 strongly positive mesothelial cells, has been reported, a factor that might also be considered for MICE [5].

References