A 37-year-old woman presented with a 22 cm by 16 cm chest wall sarcoma. No significant response to induction cisplatin and doxorubicin was seen. Radical en-bloc excision of the mass with portions of chest wall, diaphragm, pericardium and lung was performed. The chest wall was reconstructed with Marlex mesh and TRAM flap. Histopathology showed de-differentiated rib chondrosarcoma (grade II/III). Recovery was uneventful and at 9 months post-op the patient was alive, with evidence of pulmonary metastases being considered for resection (Figs. 1 and 2).
Fig. 2. Intra-operative photograph showing en bloc resection of the giant chest wall chondrosarcoma. S, overlying skin; R, attached ribs; P, pericardium; Lu, right lower lobe of lung; Li, liver; RA, right atrium.