


Localized malignant peritoneal mesothelioma presenting hepatohilar giant mass

Osamu Kinoshita 

Department of Digestive Surgery, Iseikai Hospital, Higashiyodogawa, Osaka, Japan

*Correspondence address. Department of Digestive Surgery, Iseikai Hospital, Higashiyodogawa, Sugawara 6-2-25, Osaka 5330022, Japan.

Tel: +81-6-6326-1121; Fax: +81-6-6329-6111; E-mail: ponkino@koto.kpu-m.ac.jp

CASE PRESENTATION

A 72-year-old woman without a history of occupational or environmental asbestos exposure presented with epigastric pain and a loss of appetite. Contrast-enhanced computed tomography (CT) revealed the presence of a giant localized hepatohilar mass (Fig. 1). Histology of percutaneous transhepatic biopsy specimens led to a diagnosis of malignant peritoneal mesothelioma (MPM). Thus, chemotherapy with cisplatin plus pemetrexed (pemetrexed: 500 mg/m² on Day 1; cisplatin: 75 mg/m² on Day 1) was intravenously administered every 21 days [1]. After a total of six identical courses, the maximum tumour diameter did not change as revealed by contrast-enhanced CT and thus the treatment response was categorized as SD (stable disease) according to the RECIST guidelines [2]. Given that protracted myelosuppression rendered the planned chemotherapy more difficult to administer, surgical resection was performed 5 weeks after the last course of chemotherapy (RECIST; SD). The encapsulated tumour originated from the right upper retroperitoneum, compressing the surrounding organs but not directly invading them, and a simple tumourectomy was subsequently completed. The intra-operative lavage cytology showed a negative result. Consequently, the completeness of cytoreduction (CC) score [3], which is generally used to assess the extent of residual disease at the end of a surgical resection for peritoneal surface malignancies, was CC-0 (no visible residual disease). Histology of the resected specimen established a definitive diagnosis of epithelioid MPM, in which histological chemotherapeutic effect was rarely seen. Immunohistochemical staining confirmed this diagnosis (positive for calretinin, D2-40 and CK5/6; negative for BerEP4 and MOC31). The post-operative course was uneventful, and the patient was discharged 7 days after surgery. Further use of cisplatin plus pemetrexed was certainly considered one of the possible recommended treatment, but the patient already had undergone long-term drug tolerance and was no longer hoping for further treatment. No sign of recurrence was observed 60 months after surgery and chemotherapy.



Figure 1. Contrast-enhanced CT axial view shows a giant localized hepatohilar mass, presenting poor and inhomogeneous enhancement, ~150 mm in size. The tumour compresses the neighbouring organs, however, the lumens of portal vein (arrow head) keeps the patency, and no intrahepatic bile duct dilatation is found.

CONFLICT OF INTEREST STATEMENT

The author declares no competing interests.

FUNDING

Nothing to declare.

ETHICAL APPROVAL

This case is exempt from Institutional Review Board approval at the institution.

CONSENT

Written informed consent was obtained from the patients prior to the publication of this report.

Received: March 14, 2022. Revised: April 28, 2022. Accepted: September 13, 2022

© The Author(s) 2022. Published by Oxford University Press. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<https://creativecommons.org/licenses/by-nc/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited. For commercial re-use, please contact journals.permissions@oup.com

GUARANTOR

Same as the author.

REFERENCES

1. Vogelzang NJ, Rusthoven JJ, Symanowski J, Denham C, Kaukel E, Ruffie P *et al.* Phase III study of pemetrexed in combination with cisplatin versus cisplatin alone in patients with malignant pleural mesothelioma. *J Clin Oncol* 2003;**21**:2636–44.
2. Eisenhauer EA, Therasse P, Bogaerts J, Schwartz LH, Sargent D, Ford R *et al.* New response evaluation criteria in solid tumours: revised RECIST guideline (version 1.1). *Eur J Cancer* 2009;**45**:228–47.
3. Bao P, Bartlett D. Surgical techniques in visceral resection and peritonectomy procedures. *Cancer J* 2009;**15**:204–11.