ΜΕΤΑΣΤΑΤΙΚΟ ΝΕΥΡΟΣΑΡΚΩΜΑ ΔΕ ΗΜΙΔΙΑΦΡΑΓΜΑΤΟΣ

ΙΩΑΝΝΗΣ Π. ΜΠΕΗΣ
ΧΕΙΡΟΥΡΓΟΣ ΘΩΡΑΚΟΣ ΦΕΒΤΣ
ΕΠΙΜΕΛΗΤΗΣ Α
Π.Γ.Ν.ΙΩΑΝΝΙΝΩΝ
ΚΑΡΔΙΟΧΕΙΡΟΥΡΓΙΚΗ ΚΛΙΝΙΚΗ
Lipoma (most common benign tumor of the diaphragm)
The other 2 groups of predominating benign lesions are:
  - cystic formation
  - neurogenic tumors.
Treatment is surgical excision.
MOST ARE MESENCHYMA ORIGIN

MOST COMMON PRIMARY MALIGNANT LESION IS Rhabdomyosarcoma. MALIGNANT TUMORS ARE TREATED BASED ON HISTOLOGY AND OFTEN WITH CHEMOTHERAPY AND/OR RADIATION ALONG WITH SURGICAL RESECTION IF FEASIBLE
CASE REPORT

Primary synovial sarcoma of the diaphragmatic pleura: confirmed by molecular detection of SYT-SSX fusion gene transcripts

Satoshi Y., Seiji H., Hiroshi I., Akinori I., Kawahara K., Takayuki S.

Synovial sarcoma commonly occurs in the peri-articular regions of the extremities. This is the first report of monophasic synovial sarcoma from the parietal pleura of right diaphragm in an 18-year-old male. The diagnosis was confirmed by immunohistochemical staining and SYT-SSX fusion gene transcripts using the reverse transcription polymerase chain reaction (RT-PCR). He was treated by surgical resection, and he has had three re-operations for local recurrent mass after that.
FDG PET–CT in detection of diaphragmatic metastasis of dedifferentiated liposarcoma: A case report

Abstract

Dedifferentiated liposarcoma is an aggressive soft tissue disease, with a prognosis critically depending on a timely detection of the primary and metastatic lesions. We present here a rare case of diaphragmatic metastasis from a recurrent liposarcoma of the colon, demonstrating the important contribution of FDG PET and CT imaging to disease management: FDG PET/CT imaging allowed the identification of this unusual metastatic site and a complete clinical remission by the surgical excision of the lesion. These data support the systematic inclusion of FDG PET/CT scans in the follow-up of high-grade soft tissue tumors.
A CASE OF METASTASIS TO THE DIAPHRAGM FROM ASCENDING COLON CANCER. [ARTICLE IN JAPANESE]

YAMADA K, NISHIMURA A, MATSUURA O, YAMAZAKI S, FUJITA M, KUBO N, TOYOKI Y, SASAKI M.

AUTHOR INFORMATION

1DEPT. OF SURGERY, MUTSU GENERAL HOSPITAL.

ABSTRACT

Isolated Diaphragmatic Metastasis Originated from Adenocarcinoma of the Colon

Kang Hong Lee, M.D., Chang Sik Yu, M.D., Hwan Namgung, M.D.,¹ Hee Cheol Kim, M.D., and Jin Cheon Kim, M.D.

Colorectal Clinic, Department of Surgery, University of Ulsan College of Medicine and Asan Medical Center, Seoul, Korea.

¹Department of Surgery, University of Dankook College of Medicine, Cheonan, Korea.

Abstract

Isolated diaphragmatic metastasis arising from colorectal cancer has been reported only one case in the literature presently. Here, we presented a new case and discussed the possible pathogenesis and the treatment options. A 42-year-old male patient had received anterior resection for sigmoid colon cancer. Although the increased serum CEA level was detected 20 months after the surgery, metastatic lesion could not be detected by repeated colonoscopy, CT scan, bone scan or PET scan for 35 months. We could detect a suspicious metastatic lesion on the liver by CT scan at 56 month after the surgery. During a second-look operation, we found a solitary metastasis on the diaphragm and removed it along with the 1 cm tumor-free resection margin. Although the prognosis associated with skeletal metastasis is poor, the complete resection of isolated diaphragmatic metastasis and subsequent appropriate adjuvant chemotherapy may achieve a cure the disease provided that other metastatic lesions are absent.

Keywords: Colorectal neoplasm, Metastasis, Diaphragm, Carcinoembryonic antigen
In a retrospective study looking back at a decade of surgeries, Mayo Clinic Cancer Center researchers have determined that surgery to remove metastatic disease from the diaphragm, in conjunction with other procedures to remove the primary diseased tissue in ovarian cancer patients, significantly increases survival rates. Study results were published in Gynecologic Oncology online.
63ετών

Νευροσάρκωμα
Αρμέσου
Νευρον Εξαίρεση υπολειπόμενου όγκου σε υγιή άρια με νευρικά αυτομοσχεύματα
7 μήνες μετά την εκτομή του πρωτοπαθούς όγκου η ασθενής παρουσίασε μεταστασή δε ημιδιαφράγμα τος.
Δεν πλαγία θωρακοτομή εκτομή δε ημιδιαφράγματος
Τοποθέτηση πλέγματος cor-tex
Χειρουργικό παρασκεύασμα
9 μήνες μετά την εκτομή του ημιδιαφράγματος
Υποτροπή
Νόσου στο αράνω άκρο
Πνευμονικές μεταστάσεις
Ακρωτηριασμός αράνω άκρου. Sc οστών
ΧΟΝΔΡΟΣΑΡΚΩΜΑ ΣΤΕΡΝΟΥ
Primary chondrosarcoma is the second most common primary malignancy of bone after osteosarcoma, accounting for approximately 20% of malignant bone tumors.

Primary tumors of the sternum are very rare, accounting for <1% of primary bone tumors.

Chondrosarcoma arising from the sternum is extremely rare (0.17%) of patients diagnosed with bone tumors.
Chondrosarcomas

Commonly arise in the central portions of the skeleton including Pelvis, proximal femur, ribs, sternum and shoulder girdle.
Treatment(2)

- For tumors of the sternum, manubrium, resection of the involved bone and corresponding costal arches is indicated.
- Any attached structures, such as lung, thymus, chest wall muscle or pericardium must be removed.
- The role of resection of chest wall metastasis and recurrent breast cancer is controversial
43 YEARS
Methyl methacrylate
2 layers of marlex
Αφαίρεση πλέγματος.
ΕΥΧΑΡΙΣΤΩ