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**Title:** Extremely rare complication of pulmonary resection: Systemic tumor embolization (A case report)

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**Body:** Introduction: Determining of systemic tumor embolization during pulmonary resection is a rarely seen situation. Tumor emboli of metastatic tumors of the lung are extremely rare unlike to primary lung cancers. Herein, we presented a case of systemic tumor emboli during metastasectomy of Ewing's sarcoma. Case Report: A 41-year-old man underwent chest wall resection for Ewing's sarcoma of the anterior chest wall. Then he was followed-up for three months period. The patient underwent metastasectomy for nodular lesion of right lower lobe after four years from initial resection. He was hospitalized again for the symptoms of dyspnea and pleuritic chest pain six months after the first metastasectomy. Computerized thorax tomography was revealed metastatic recurrence involving the entire right lower lobe. Then the patient underwent a right lower lobectomy. In the operation, when we divided the right lower pulmonary vena after dissection, we did not see any bleeding. In second postoperative day, he had a severe left leg pain. There was no pulsation of dorsalis pedis artery and the lower extremity ultrasonography was revealed no flow. He underwent embolectomy of left common iliac artery for two times within one week. The histopathologic examination of embolus was revealed a metastasis of Ewing's sarcoma. He was died one month later from his embolectomy operations. Conclusion: Systemic tumor embolization after pulmonary resections in the early postoperative period should be considered in mind especially in patient with central large tumors.