

European Respiratory Society Annual Congress 2012

Abstract Number: 1057

Publication Number: P1257

Abstract Group: 11.2. Pleural and Mediastinal Malignancies

Keyword 1: Mesothelioma **Keyword 2:** Thoracic oncology **Keyword 3:** No keyword

Title: Pleural atypical mesothelial hyperplasia: An early stage of pleural malignant mesothelioma?

Dr. Thomas 7144 Vandemoortele thomas.vandemoortele@umontreal.ca MD ¹, Dr. Sophie 7145 Laroumagne sophie.laroumagne@ap-hm.fr MD ¹, Dr. Olivier 7146 Bylicki olivier.bylicki@ap-hm.fr MD ¹, Dr. Sophie 7147 Giusiano sophie.giusiano@ap-hm.fr MD ², Dr. Hervé 7148 Dutau herve.dutau@ap-hm.fr MD ¹ and Prof. Dr Philippe 7154 Astoul pastoul@ap-hm.fr MD ¹. ¹ Department of Thoracic Oncology, Pleural Diseases, and Interventional Pulmonology, Hôpital Nord, Marseille, France and ² Department of Pathology, Hôpital Nord, Marseille, France .

Body: Mesothelioma is a neoplastic process most often secondary to asbestos exposure. Atypical mesothelial hyperplasia (AMH) is thought to be a benign process in reaction to various processes, including infectious pleurisy and recurring transudative pleural effusion. However, it is unknown if there might be a link between AMH and malignant pleural mesothelioma (MPM). Herein, we present the case of a 69 year-old patient with documented asbestos exposure in whom MPM was diagnosed four months after a first diagnosis of AMH. Thoracoscopy showed inflammation of the posterior parietal pleura and white lymphangitis of the anterior pleura, without nodule or any other suspicious lesion. Biopsies taken from the anterior pleura showed AMH. Two months later, the patient returned with a recurring right sided effusion. CT-scan revealed a subcarinal lymph node measuring 15x8mm and a pleural effusion with partial atelectasis of the right lower and middle lobes. Repeat thoracoscopy was performed, four months after the initial one. The pleura was dramatically changed, with numerous nodules and neoplastic lymphangitis. Multiple biopsies were performed on the diaphragmatic and posterior pleura. Histologic features were compatible with epithelioid MPM. How MPM evolves from normal pleura is still debated, despite the acknowledgement of the causal relation with asbestos. Whether mesothelioma evolves from atypical hyperplasia, as epithelium-derived cancer of other origins, remains to be elucidated. Conclusion Diagnosis of MPM relies on pleural biopsy specimens. Thoracoscopy is particularly useful in guiding pleural biopsies and in symptomatic improvement if talc pleurodesis is performed.