

Image of the month

Extrapleural Solitary Fibrous Tumor[☆]

Tumor solitario fibroso extrapleural

Francisco B. de Lacy,^{*} Luis Flores, Ramón Rull, Juan Carlos García-Valdecasas

Servicio de Cirugía General y del Aparato Digestivo, Hospital Clínico, Barcelona, Spain

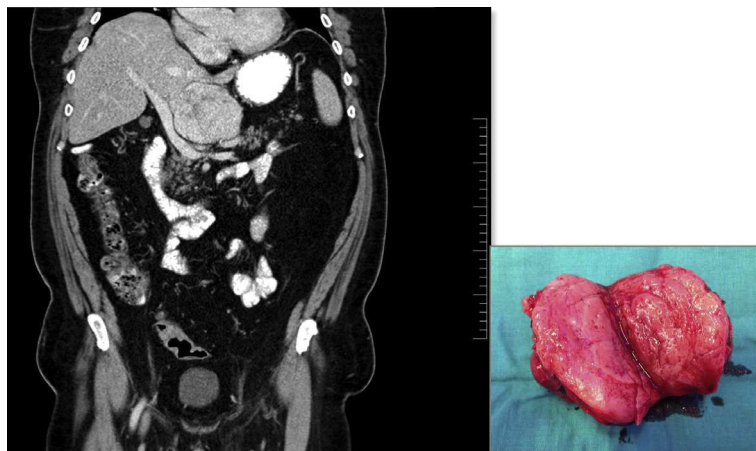


Fig. 1

A 70-year-old patient presented an incidental finding on CT of a well-defined retroperitoneal mass measuring 7.2 cm in the caudate lobe of the liver that was displacing adjacent organs (Fig. 1). Epithelial markers were negative. Endoscopic ultrasound-guided fine-needle aspiration collected insufficient material for diagnosis, so the patient was treated surgically with laparotomy, dissecting the mass from the right pillar of the diaphragm, the gastro-esophageal junction and the splenic vein.

The pathology study confirmed the diagnosis of extrapleural solitary fibrous tumor (CD34+). The resection margins were free of neoplasm and the Ki67 proliferative rate was 10%, indicating a low risk of local recurrence and malignancy.

[☆] Please cite this article as: de Lacy FB, Flores L, Rull R, García-Valdecasas JC. Tumor solitario fibroso extrapleural. Cir Esp. 2014;92:e65.

^{*} Corresponding author.

E-mail address: borjalacy@gmail.com (F.B. de Lacy).