Giant Solitary Fibrous Tumor of the Anterior Chest Wall

Murat Özkan, MD, Mehmet Ali Sakallı, MD, Mustafa Bülent Yenigün, MD, Cevriye Cansız Ersöz, MD, Burak Kaya, MD, and Serkan Enön, MD

Ankara University Faculty of Medicine, Department of Thoracic Surgery, Ankara; Ankara University Faculty of Medicine, Department of Medical Pathology, Ankara; and Ankara University Faculty of Medicine, Department of Plastic Reconstructive and Aesthetic Surgery, Ankara, Turkey



Fig 1.

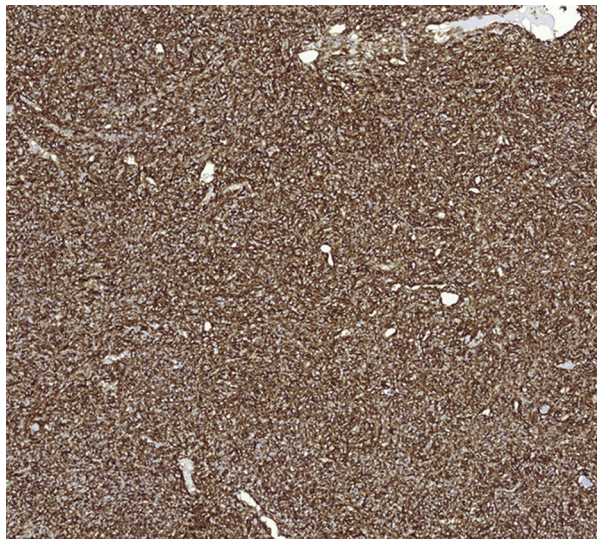


Fig 3.

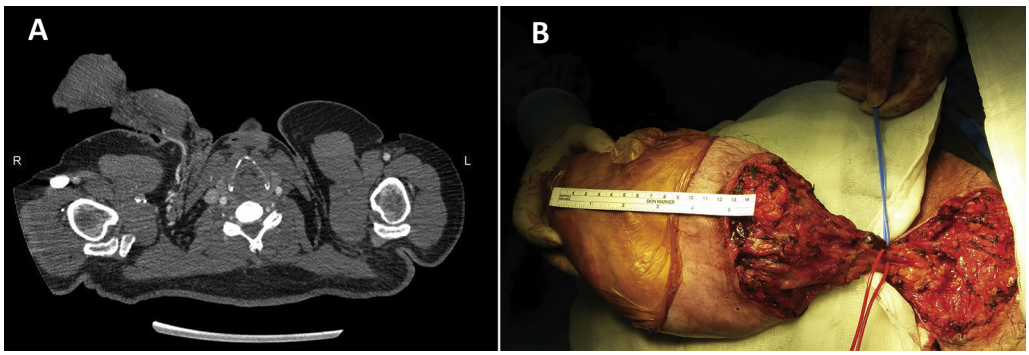


Fig 2.

A 41-year-old male patient admitted with a giant mass lesion on the anterior chest wall (Fig 1). Computed tomography angiography revealed a pedicled tumor 10 × 18 × 14 cm in size with arterial supply from the subclavian artery (Fig 2A). The tumor was totally excised with the wound defect covered by a split thickness skin graft harvested from the patient's right anterolateral thigh (Fig 2B). The tumor weight was 1445 g. Histopathological examination was reported as benign solitary fibrous tumor showing common and strong immunoreactivity for CD34 and moderate for Bcl-2 and B-catenin (Fig 3). Patient is asymptomatic on the postoperative sixth month. Although most reported solitary fibrous tumors arise from pleura, various anatomic locations have been reported such as meninges, salivary glands, thyroid, liver, kidney, spinal cord, periosteum, and soft tissue mainly in the head and neck. Complete surgical resection remains the mainstay of curative therapy.

Address correspondence to Dr Özkan, Department of Thoracic Surgery, Ankara University Faculty of Medicine, Sihhiye, 06100 Ankara, Turkey; email: muratoz73@hotmail.com.

© 2016 by The Society of Thoracic Surgeons
Published by Elsevier