**P1-115** Mesothelioma and Other Thoracic Malignancy Posters, Mon, Sept 3

### Carcinosarcoma of the lung with soft tissues metastases. A case report

**Domínguez Parra, Luis M.; Corona Cruz, José F.; Jiménez Fuentes, Edgardo; Arrieta Rodríguez, Oscar G.; Cano Valdèz, Ana M.; De la Garza Salazar, Jaime G.**

**National Cancer Institute, Mexico City, Mexico**

**Background:** Carcinosarcomas are biphasic tumors consisting of an admixture of malignant epithelial and stromal elements without areas of transition between both elements, and each of these elements showing distinct immunohistochemical features. This rare tumor is most commonly seen in the female genital tract. Pulmonary carcinosarcoma was first described in 1951 and is the fourth common site; it constitutes 0.2% of primary pulmonary malignancies. Metastases have been reported to adrenals, kidney, bone, brain and liver and occur especially from the sarcomatous component. We present a case of pulmonary carcinosarcoma with metastases from the sarcomatous component to the soft tissues of the face.

**Case Report:** Female 64 years-old with a 1 year history of cough and hemoptysis, during assessment a chest x ray revealed a right pulmonary nodule and a subsequent chest CT scan showed progression of the disease so she was considered for surgical resection and superior bi-lobectomy with no nodal involvement (pT2 pN0 M0 stage IB). One month later a new episode of hemoptysis and anemia and a bleeding lesion was resected for palliation of hemoptysis. No further follow up a local recurrence was detected four years later and treated with doxorubicin and cisplatin after three months from initial surgery.

**Discussion:** Lung metastasis from a giant cell tumor of bone is a rare phenomenon, the incidence is said to be from 1% to 3%. On the histology the metastases are identical to the primary tumor. Risk factors for the development of metastases are location on the distal radius or sacrum, stage 3 lesions and multiple recurrences. The proposed way of dissemination is the hematogenous and curettage of the primary tumor has also been implicated. The interval between initial surgery and pulmonary metastases is in average 2 years. Presentation tends to be as multiple nodules on bilateral fields and located in the periphery. Management includes surgery as the primary treatment, and it should be done as soon as possible, however in the cases with unresectable disease radiotherapy can be used but the results are variable and a risk of malignant transformation exists. Chemotherapy has been only reported in few cases and there is little information about its use. The behavior of metastasizing lesions is unpredictable since progression is usually slow and spontaneous regression has been reported. Actually is considered that lung metastases from a giant cell tumor of bone still having a favorable prognosis, with a 5 year survival from 80% to 85%.

**P1-116** Mesothelioma and Other Thoracic Malignancy Posters, Mon, Sept 3

### Pulmonary metastases from a giant tumor cell bone of. A case report

**Corona-Cruz, José F.; Domínguez-Parra, Luis M.; Jimenez-Fuentes, Edgardo; Cuellar-Hübbe, Mario; Cano-Valdez, Ana M.; Padilla-Rosciaro, Alejandro E.; Arrieta-Rodriguez, Oscar G.; De-La-Garza-Salazar, Jaime G.**

**National Cancer Institute of Mexico, Mexico City, Mexico**

**Background:** Giant cell tumor of bone is a benign but locally aggressive neoplasm that usually involves the end of long bones. This tumor is seen in young adults between 20 and 40 years of age and equally in both genders. The most frequent locations are distal femur, proximal tibia, distal radius and sacrum. Lung metastases have been previously reported in the course of this benign tumor. We present a case of a giant cell tumor of the distal femur with recurrence as multiple lung metastases 12 years after the treatment of the primary tumor.

**Case Report:** Female 41 years-old, known in our unit in 1985 for a giant cell tumor of distal femur, treated initially with curettage. On follow up a local recurrence was detected four years later and treated with resection of distal femur and proximal tibia, on histology a giant cell tumor of bone was reported and free surgical margins were achieved. After surgery she was lost from follow up during eight years until she developed hemoptysis and dyspnea. An initial chest x ray film revealed a left lung nodule suspicious of malignancy. On further assessment a chest CT scan documented a metastatic lesion on the left superior lobe with involve of the main stem bronchi with another small lesion in the periphery of the left inferior lobe. She was carried out to left thoracotomy with finding of multiple metastatic lesions less than 10 mm in diameter so the disease was considered unresectable, and only a bleeding lesion was resected for palliation of hemoptysis. No further treatment was considered on postoperative. Three months later she developed chest pain and a new episode of hemoptysis and anemia and a chest CT scan showed progression of the disease so she was considered for palliative radiotherapy.

**Discussion:** Lung metastasis from a giant cell tumor of bone is a rare phenomenon, the incidence is said to be from 1% to 3%. On the histology the metastases are identical to the primary tumor. Risk factors for the development of metastases are location on the distal radius or sacrum, stage 3 lesions and multiple recurrences. The proposed way of dissemination is the hematogenous and curettage of the primary tumor has also been implicated. The interval between initial surgery and pulmonary metastases is in average 2 years. Presentation tends to be as multiple nodules on bilateral fields and located in the periphery. Management includes surgery as the primary treatment, and it should be done as soon as possible, however in the cases with unresectable disease radiotherapy can be used but the results are variable and a risk of malignant transformation exists. Chemotherapy has been only reported in few cases and there is little information about its use. The behavior of metastasizing lesions is unpredictable since progression is usually slow and spontaneous regression has been reported. Actually is considered that lung metastases from a giant cell tumor of bone still having a favorable prognosis, with a 5 year survival from 80% to 85%.