LETTER TO THE EDITOR

Malignant Pleural and Peritoneal Mesothelioma: Incidental Diagnosis and Excellent Treatment Results

To the Editor:

Patients with malignant pleural and peritoneal mesothelioma usually present with advanced symptomatic disease. Prognosis is poor. During our practice we had an exceptional mesothelioma case. During cholecystectomy peritoneal biopsy was done due to infiltration of omentum for 56-year-old man. The biopsy analysis showed that patient had peritoneal mesothelioma (Figure 1). The second mesothelioma marker WT-1 was positive and other markers (CEA, CD-15, and TTF-1) were negative. There were no respiratory symptoms or history of asbestos exposure. The patient (former smoker) was in good functional status. Chest computed tomography (CT) scan revealed multinodal lesions of left pleura (Figure 2). Malignant pleural and peritoneal mesothelioma was diagnosed and treatment with permetrexed 500 mg/m² day 1 and cisplatin 80 mg/m² day 1 (for 1 cycle) every 21 day was prescribed. The patient was assessed regularly with chest and abdomen CT (according to the modified RECIST criteria). The pleural signs of mesothelioma disappeared completely after six cycles. No pleural or peritoneal changes were seen on CT scan 6 months after completion of chemotherapy (Figure 3). The patient is still alive with no signs of disease progression 3 years later.

Early retrospective studies reported 5-year survival rates of 1% and overall median survivals of 7.6 months for patients not receiving chemotherapy. Eight randomized clinical trials concerning the mesothelioma chemotherapy have been published. Vogelzang et al. treated 448 eligible patients with either permetrexed and cisplatin or cisplatin alone. Response rates (41% versus 17%, p = 0.001), time to progression (5.7 versus 3.9 months, p = 0.001), and survival (median, 12.1 versus 9.3 months; hazard ratio 0.77, p = 0.020) all favored the combination treatment. In another large phase III trial, 250 patients were randomized to receive either raltitrexed and cisplatin or cisplatin alone. Overall response rates (24% versus 14%, p = 0.056) was greater in the combination treatment arm. Now permetrexed combined with platinum compound is the only recommended treatment for extensive mesothelioma. According to the data of clinical trials the complete response during first line chemotherapy in malignant pleural mesothelioma is extremely rare. Furthermore, we could not find any reported data concerning the complete response rate in randomized clinical trials with permetrexed treat-

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FIGURE 1. A, Positive membrane reaction with antibodies to epithelial membrane antigen (EMA) (40 times power field); B, Moderate size atypical cells in solid areas form the tumor. The cells form rare primitive glandular-like structures. Hematoxylin and eosin (HE) stain (40 times power field); C, Diffuse nucleocytoplasmic labeling for Calretinin (40 times power field).

FIGURE 2. Lung computed tomography (CT): lung (A) and mediastinal window (B): multinodal and confluent tumor of the left chest is apparent.

FIGURE 3. Lung computed tomography (CT): lung (A) and mediastinal window (B): tumor of the left chest completely disappeared.
ment. In July 2008, the results of multicenter nonrandomized open-label study with the largest group of chemonaive patients were reported under the International Expanded Access Program in Europe. The patients treated with permetrexed plus cisplatin (n = 843) or permetrexed plus carboplatin experienced overall response rates of 26.3 and 21.7% and complete response was seen in only 15 cases (2.0%) and 7 (0.9%) cases respectively.

We can conclude that the presented case could be more an exception than a rule. Sometimes in malignant pleural mesothelioma dramatic improvement and complete response can be observed during treatment with permetrexed and cisplatin.

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REFERENCES

ERRATUM
In the article “Primary Tracheal Lymphoma Causing Respiratory Failure,” which appeared in volume 3 of the Journal of Thoracic Oncology on pages 929-930, an author’s name was incorrect. The author’s name should have appeared as Soon Thye Lim.