

## Clinical Image

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# A case of a large and kidney-shaped thoracic mass

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### Description

A 60-year-old woman with a high-grade myxofibrosarcoma of her left forearm, submitted to surgical excision and postoperative radiotherapy, presented to the emergency department, after 3 years, with a 2-months history of progressive asthenia and shortness of breath. On physical examination the patient had a good general condition, was acyanotic and with eupneic breathing. Cardiovascular assessment revealed a regular heart-beat with normal heart sounds, without murmurs. The peripheral oxygen saturation on room air was 94% and the vesicular murmur was absent in the entire right hemithorax. Chest computed tomography (CT) revealed a large and heterogeneous mass on the right hemithorax, measuring 13×9.4×16.4 cm, with a medium-volume pleural effusion ipsilateral (Panel 1A and B). A transthoracic biopsy was performed and the histological examination was compatible with metastasis of myxofibrosarcoma.

Following a multidisciplinary team discussion, the patient started systemic treatment with chemotherapy (doxorubicin and ifosfamide, every 3 weeks, intravenously) and was referred to the palliative care team. After 2 cycles, clinical improvement

was evident, associated with a slight radiological response on CT (thoracic metastasis measuring, at this time, 12.5×9×15.5 cm). However, the patient died after these 2 cycles, due to SARS-CoV-2 infection.

Myxofibrosarcoma exhibits a high local failure rate (up to 79%), probably due to the infiltrative growth pattern. However, in some cases, distant spread can occur. The lung is the main site for sarcomatous metastasis, with multiples and well-defined nodules being one of the most common dissemination patterns. However, here we describe a case of a big, unique and bizarre sarcomatous thoracic metastasis.

### Declarations

**Funding:** This research received no external funding.

**Patient consent:** Patient consent cannot be obtained because the patient cannot be traced (has died).

**Conflicts of interest:** The authors declare no conflict of interest.



**Figure 1:** Coronal (A) and Sagittal (B) computed tomography scans, showing a bulky and heterogeneous metastasis, on the right hemithorax (indicated by black arrows).