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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 heartbeat 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, 12.5x9x15.5 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 welldefined 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

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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.

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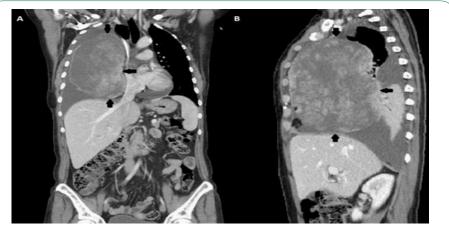


Figure 1: Coronal **(A)** and Sagittal **(B)** computed tomography scans, showing a bulky and heterogenous metastasis, on the right hemithorax (indicated by black arrows).