

SQUAMOUS-CELL CARCINOMA ARISING FROM THE PLEURA FOLLOWING PNEUMONECTOMY FOR SQUAMOUS-CELL CARCINOMA OF THE LUNG.

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Introduction: We report a case of multifocal squamous cell carcinoma arising from the pleura in a patient who had been curatively treated for squamous cell carcinoma of the lung years earlier.

Case Presentation: A 67-year-old Caucasian male had a right pneumonectomy for primary bronchogenic carcinoma in 1998. He developed a bronchopleural fistula which was managed with an Eloesser procedure. His appearance 6 years later has been published (Am. J. Surg: 187, 100-1, 2004). In 2008 the patient still had a bronchopleural fistula and reported a new symptom: constant right chest pain. He had had extensive asbestos exposure and mesothelioma was suspected. Endoscopy via the Eloesser aperture revealed innumerable tumor nodules (endoscopic findings can be viewed at <http://video.google.com/videoplay?docid=7638947955392235731>). Biopsies of the pleura revealed multifocal well-differentiated squamous cell carcinoma with histology that was distinctly different from that of the original lung cancer. The tumor progressed rapidly during work-up and invaded the spine. He received palliative treatment but died 4 months after the onset of chest pain. We conducted a literature search and found 8 previous reports of epidermoid carcinoma arising from the pleura in patients with a chronically draining empyema, of which 3 had had a prior pneumonectomy.

Conclusions: Cancer can arise in areas of chronic inflammation such as osteomyelitis with a draining sinus, Crohn's disease, or chronic gastritis. Cases of squamous cell carcinoma arising from the pleura in patients with a chronically draining empyema cavity are extremely rare. We believe this is the fourth report in the literature of squamous cell carcinoma arising from the pleura in a patient with a chronic post-pneumonectomy bronchopleural fistula, and the first in which in-vivo video footage of the involved pleura is available.