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*RESEARCH ARTICLE*

# MISDIAGNOSED MALIGNANT PLEURAL MESOTHELIOMA ; A CASE REPORT.

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## *Abstract*

Malignant mesothelioma is one of the rare tumors of pleura. One such case in a 45 year-old female, who presented with hemorrhagic pleural effusion and had no history of asbestos exposure, is reported here. The rarity, unusual presentation, and implications are discussed



## Back ground:-

Malignant mesothelioma is an uncommon pleural neoplasm and usually associated with inhalation exposure to asbestos[1]. About 20% of the patients have no demonstrable exposure to asbestos. Here is a case report of malignant pleural mesothelioma without asbestos exposure previously misdiagnosed as tubercular effusion.

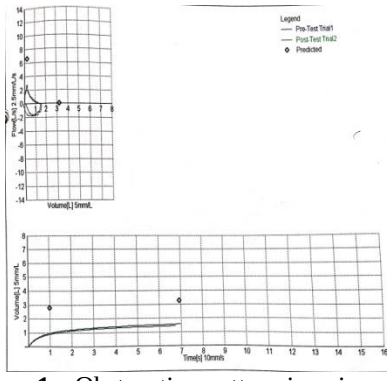

**Figure 1:-** Obstructive pattern in spirometry.

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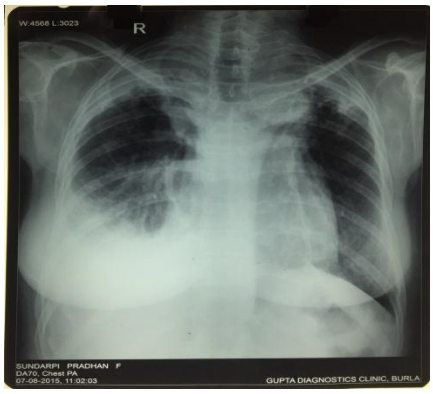


**Figure 2:-** Chest X-ray shows right pleural effusion.

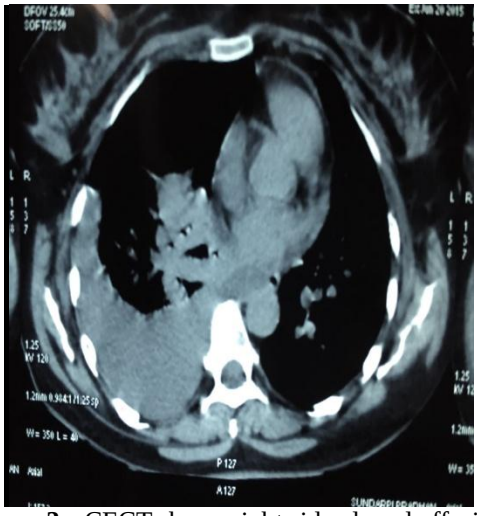


**Figure 3:-** CECT shows right side pleural effusion.

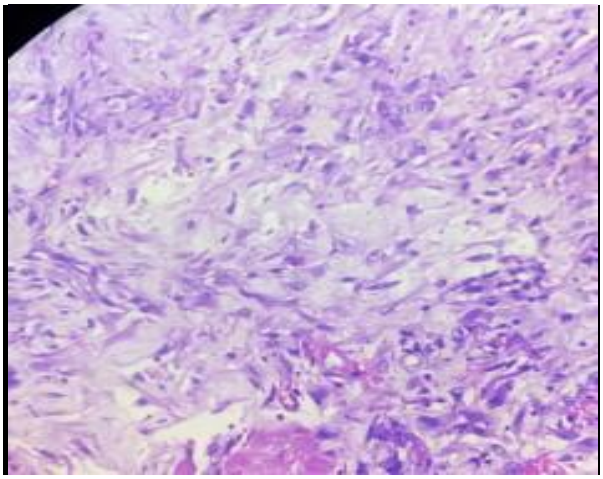

**Figure 4:-** Microscopic appearance which shows neoplastic cells. Arranged in solid nests, cytologic atypia, and hyperchromatic nuclei suggestive of mesothelioma

## Case-

A 45 year hypothyroid and hypertensive housewife of a teacher was referred to our chest OPD for symptoms of cough, breathlessness and chest pain, chest tightness, anorexia . Her spirometry was obstructive pattern (figure 1) and normal chest x ray put on with MDI Tiotropium and Budesonide . No relief of symptoms after 2 months of treatment. Subsequently she developed pleural effusion (right) (figure 2) which was exudative, lymphocytic with no

malignant cells and high ADA. So prescribed antitubercular therapy. Again there was increased pleural collection inspite of 2 months of ATT. Repeat pleural fluid analysis revealed ADA- 59 IU/L, sugar- 25mg, LDH- 824 IU/L, cytology suggests secondary carcinomatous deposits . Other blood parameter were within normal range. CECT chest revealed fibrotic, bronchiectatic changes both upper lobes with volume loss, heterogenous enhancing lesion in right upper lobe with right pleural effusion (figure 3). FOB showed no intrabronchial growth. Thoracoscopy showed nodular growths on right parietal pleura, thoracoscopic biopsy revealed malignant mesothelioma (figure 4).

## Results:-

So we diagnosed the case as malignant mesothelioma and referred to radiotherapy department for chemotherapy.

## Disscution:-

MPM is a rare tumor even in western world and still rarer in india[2]. The incidence in men ranges from 7-13 per million per year. In population unexposed to asbestos, it is still rarer, with reported incidence of 1-2 per million per year. MPM usually occurs in males with a male to female ratio of 2.6:1. It is usually related to asbestos exposure, though rarely it can occur in patients not exposed to asbestos. In such cases, the postulated correlation is operation of other carcinogens, genetic factors, and viral infections. Histologically, MPM are of three types: (a) sarcomatoid (b) epithelial type (c) biphasic type[3].

## Conclusion:-

Malignant pleural mesothelioma typically present with chest pain and pleural effusion occupying 50% or more of the hemithorax and strong relation with asbestos exposure. Our case patient was housewife without any exposure to etiological factor being misdiagnosed and treated with MDI and ATT. So malignant mesothelioma should be a suspicion in haemorrhagic pleural effusion for early institution of appropriate treatment.

## Refference:-

1. Richard W.Right;Pleural disease 5th edition, chapter 11;page162-170
2. Nadgouda UG, Soppimath SS, Datta KS, Shiggaon UN, Babu KR. Malignant pleural mesothelioma. J assoc physicians India 2001;49:1208-9.
3. Bruce WS, Robinson MD, Lake RA. Advances in malignant mesothelioma. N Engl j Med 2005;353:1591-601