



## P-503 - MANAGEMENT OF LOCALIZED MALIGNANT PERITONEAL MESOTHELIOMA

Luján, Delia; Deraco, Marcello

Hospital General Universitario Reina Sofía, Murcia.

### Resumen

**Introduction:** In opposite to Diffuse Malignant Peritoneal Mesothelioma (DMPM), the clinical presentation of Localized Malignant Peritoneal Mesothelioma (LMPM) consist in a tumor mass with limited peritoneal involvement.

**Case report:** A 21-years-old woman, presented gynecological disorders in January 2018. An ultrasonographic examination showed a cystic pelvic mass suitable for surveillance. In April 2018 she developed pelvic pain while an MRI showed a 4 cm pelvic mass and subjected to surgery. The neoplastic mass was removed en bloc with the pedicle arising from the Fallopian tube. Remaining pelvic organs and peritoneum were free of lesions. The lesion showed a solid capsule measuring 5 × 4 × 3.5 cm. The histology revealed a well-differentiated papillary mesothelioma unable to exclude LMPM. MIB-1 was 20%. A second opinion carried out with an expert pathologist concluded as LMPM. Ki67 was 10%. The first postoperative course at 6 months was uneventful.

**Discussion:** Our patient received a radical surgical resection of the tumor. This decision was based on the limited literature experience. Out of 23 patients with localized malignant mesothelioma reported in the literature by Allen in 2005 only two patients had LMPM. Both patients were surgically treated with resection of the primary tumor. One patient died within one year while the other patient remained alive after two years. None of the patients had evidence of diffuse disease on the affected serosal membrane at the last follow-up. This evidence justified our decision not to subject the patient to cytoreductive surgery with hyperthermic intra peritoneal chemotherapy (HIPEC), as for DMPM. Furthermore, no evidence of effectiveness of adjuvant SCT have been reported. Therefore we finally decided to follow-up the patient instead of offering adjuvant SCT. Finally surveillance was opted. Surveillance after radical surgical resection of the primary neoplasm is the strategy adopted for this rare case of LMPM.