

Mesothelioma: a case report

We would like to take issue to two points raised by Vestjens et al.¹

1. Based on a 16-year-old article on seven cases, the condition may indeed be rare. However, using the Internet we noticed that peritoneal mesothelioma is the second most frequent primary malignancy associated with asbestos, with 100 to 500 new cases in the USA each year (approximately 10 to 20% of all asbestos-associated malignancies).² Studies including hundreds of patients have been published.³⁻⁵ It may be true that diagnosing an abdominal mesothelioma is difficult due to the nonspecific presentation and mild symptoms of the disease. But lack of familiarity with the condition may further delay the diagnosis as demonstrated in the following case from our own practice. A 69-year-old male patient was followed for over three years in a multi-specialist practice of internal medicine because of intermittent ascites. The results of endoscopies and computerised tomographies were negative while peritoneal paracentesis gave nonspecific results. A provisional diagnosis of familial Mediterranean fever was made, because a far ancestor was from the Mediterranean. A few weeks ago, he developed symptoms of intermittent subileus of the ileum. At laparoscopy it was very hard to get access to the peritoneal cavity caused by the extremely hard white fibrotic rectus fascia. The ileum was attached to the peritoneum with a lot of scar tissue. A fibrotic white liver was observed. Biopsies were taken from it and from the rectus fascia. Pathological specimens were compatible with a diagnosis of malignant mesothelioma.

2. The authors report no history of exposure to asbestos in their patient, a fork-lift truck driver. Some 30 years ago, the latency time given by the authors, asbestos was commonly used in the floors and walls of storehouses for insulation and fire protection. Lorry drivers were particularly at risk due to the continuous dust their work caused. We should add that both our case and that of

the authors underline the importance of a thorough history taking. Particularly workers at shipyards, mines, and factories were at risk. Our patient was from the first group, although he had only worked there for two years some 30 years ago. As the latency time has been completed by now for many future patients, we need to be alert. This is relevant since the prognosis is dependent on the stage, with over 90% five-year survival in non-metastasised cases.²⁻⁴ In order to enhance diagnosis making, we recommend the algorithm provided by the Mesothelioma Speciality Group, which is laparoscopy with multiple biopsies guided by CT chest, abdomen, and pelvis,⁶ rather than scintigraphic methods, such as those used by the authors.

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6. <http://www.surgicaloncology.com/meso.htm>

Response from the authors

We would like to thank Van Brakel et al. for their comments on our case report.¹

Although it is the second ranked malignancy associated with asbestos exposure, abdominal mesothelioma still has a really low incidence of 1/1,000,000, as we mentioned. Thus, it will be impossible for us to become familiar with such a disorder. The case report by Van Brakel et al. merely illustrates this point. Thorough history taking will indeed often reveal (a hint of) asbestos exposure. Our patient was 40 years of age at diagnosis, which almost excludes an occupational exposure to asbestos within the latency time of 30 years. Furthermore, it should be emphasised that his first CT was negative, so the question remains whether a vague hint of asbestos exposure could have changed the diagnostic process: does this justify laparoscopy?

We feel that our case report demonstrates that in such a patient with fever of unknown origin, Indium-111 scintigraphy is a very elegant, noninvasive method of directing further invasive procedures.

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