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289. Pleural and mediastinal malignancies: management and rare clinical cases

P2823

Mesothelioma in north east London

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The North East London Cancer Network (NELCN) has the second highest incidence of mesothelioma in the UK. The 2010 ERS/ESTS malignant pleural mesothelioma guidelines have subjected the evidence to systematic review and it was felt that the network should audit its own service in 2009 & 2010.

There were 52 new cases of mesothelioma, data was obtained on 34. Of these patients 91% were pleural and 9% peritoneal. Over 90% was confirmed histologically. All patients were discussed in a multidisciplinary team meeting (MDT), 50% received chemotherapy. All patients who had a VATS biopsy had a surgical pleurodesis. At the end of the audit deadline 11/34 patients had died including all patients with sarcomatoid histology.

Lung cancer patients in the NELCN are known to present late with advanced disease, only 41% of these patients came through a respiratory specialist as a first port of call, and only 35% as urgent cancer referrals.

Chemotherapy was offered to 74% of patients, but only 50% had it. Most of those did not have chemotherapy because of poor performance status. However in two cases chemotherapy was delayed in order to wait for symptoms. The current ERS/ESTS evidence suggests that chemotherapy before symptom progression has a better outcome.

Port site radiotherapy was given to a third of patients, those who did not have chemotherapy. This is in line with the BTS 2007 statement.

The NELCN has a high case load of mesothelioma. Diagnostics are moving uniformly across the network towards early CT biopsy or VATs biopsy. Palliative surgical pleurodesis is common and chemotherapy is being offered to three quarters of patients. Mesothelioma MDTs are operational and assist in optimizing patient pathways.

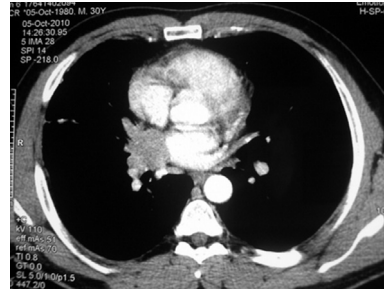
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Fibrosing mediastinitis mimicking bronchogenic carcinoma

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We present a patient with fibrosing mediastinitis mimicking bronchogenic carcinoma.

A 32-year-old male patient admitted with cough and hemoptysis. There was no history of tuberculosis, prior respiratory disease. He had a diagnosis of hepatosteatorosis and diabetes mellitus for two years. He had a smoking history of 8 pack-years. Vital signs, physical examination were normal. Apart from a high Glu:177 mg/dL, ESH:48 mm/hr, routine laboratory analysis were normal. The chest radiograph revealed prominence of right hilum. Thorax CT revealed 4cm mass lesion in the right hilum and multiple mediastinal, right hilar conglomerated lymph nodes.



In PET-CT SUVmax of the hilar lesion was 9.74. Fiberoptic bronchoscopy showed mucosal distortion of right upper lobe. Mucosal biopsy was unremarkable. EBUS-TBNA biopsy revealed CD-45 positive normal lymphoid cells. Cervical mediastinoscopy was undiagnostic. Diagnostic thoracotomy confirmed the diagnosis of fibrosing mediastinitis. Hilar mass was a conglomerated lymph node showing dense hyalinised fibrous tissue with chronic inflammation. In the etiology, we thought that fibrosing mediastinitis results from a prior tuberculosis infection, since our country is endemic for tuberculosis. There is no proven effective medical therapy for fibrosing mediastinitis. Despite the fact we initiated both antituberculosis and systemic corticosteroid therapy after informing the patient. The patient is stable after two months of therapy.

P2825

Medical pleurodesis – Safety, effectiveness and adherence to the guidelines: East of England DGH experience

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The aim of the study was to review the safety and effectiveness of medical pleurodesis performed in our trust.

This study was done in The Queen Elizabeth Hospital, Kings Lynn, United Kingdom. We looked at the medical pleurodesis performed from April 2008 to May 2010. The results were assessed against the British Thoracic Society guidelines for medical pleurodesis. We also looked at the side effects and success rate of the procedure.

Forty three events were analysed in 41 patients. Fourteen patients were admitted in 2008, 18 patients in 2009 and 7 patients in 2010. Twenty seven (64%) were female. The indications for the procedure were malignant pleural effusion 83%, pneumothorax 9%, and effusion of unknown origin 7%. The procedure was done on the right side in 73% and 27% on the left side. Talc slurry was used as a sclerosing agent in 41 events and bleomycin in 2 patients. The amount of talc and diluent varied among the procedures. Four gram talc was used in 25 events (70%) and eight gram in two events. The amount of diluent used varied between 10 and 50 ml. Lignocaine was used only in 65% of patients whilst 32% received Oromorph for prevention of pain. The average post procedure survival was 2.24 months and 14 patients died within a month of the procedure. Therefore the accurate success rate is difficult to estimate. However, the measured success rate of the procedure was 39.5%. Three patients experienced complications pain, fever, or oxygen desaturation.

Medical pleurodesis is a simple, safe and effective procedure. We suggest that adherence with the guidelines is necessary to maintain the efficacy and consistency of the procedure.

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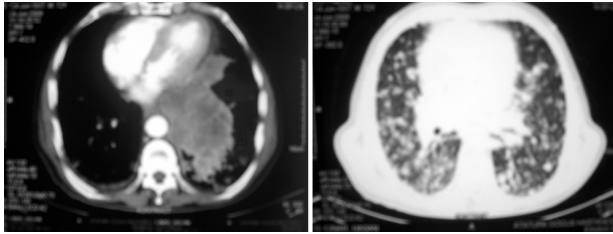
A rare case of malignant pleural mesothelioma presenting with multiple metastatic pulmonary nodules

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Malignant mesothelioma is an insidious neoplasm with dismal prognosis. It exerts its morbidity and mortality via inexorable local invasion. Hematogenous and extrathoracic metastases are unusual. 73-year-old male patient admitted with progressive dyspnea, cough, and fatigue. In past medical history, he was a non-smoker and had diabetes mellitus and hypertension. The patient was dyspneic and cyanotic. There were inspiratory crackles at the lung bases. Routine laboratory analysis was

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normal apart from a high erythrocyte sedimentation rate (120 mm/hr), anemia (hb: 10.9 g/dl) and hypoxemia (PaO₂: 48 mmHg). Computed tomography revealed multiple mediastinal lymph nodes, bilateral pleural thickenings, paramediastinal mass lesion in the left lower lobe and multiple pulmonary nodules.



Cranial CT was normal. Abdominal USG revealed liver metastasis with multiple hypochoic nodules 2 cm in diameter. Transbronchial biopsy via fiberoptic bronchoscopy revealed the diagnosis of malignant mesothelioma infiltration. The tumor was diffusely positive for calretinin and focal positive for keratin 5,6. The patient died one week after diagnosis.

P2827

Benefit of the serum-effusion albumin gradient in congestive heart failure patients

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Objective: To compare between light's criteria and serum-effusion (S-E)albumin gradient in diagnosis of transudate effusion in CHF patients.

Material and method: Eighty-six patients who had pleural effusion and suspected CHF were enrolled in this study between October 2008-September 2010. Suspected CHF was defined by clinical or echocardiography. Informed consents were done in all volunteers. Exclusion criteria was previous thoracotomy or coronary by pass graft 3 month before study. Thoracentesis was done to evaluate transudate effusion by light's criteria and S-E albumin gradient > 1.2 mg/dl. Definite diagnosis of pure CHF was no effusion after treatment with diuresis and pleural ProBNP > 4000 ng/dl. Combination of pleural disease and CHF were defined by confirmed pleural disease with pleural biopsy and/or VAT, partial response with diuresis and high pleural ProBNP

Result: 12 (13.95%), 56 (65.11%), 17 (19.76%) of all were pure pleural disease, pure CHF, combination of pleural disease and CHF. Sensitivity/specificity/accuracy of S-E albumin gradients and light's criteria and in diagnosis of CHF (both pure and combined) were 90.1/33.3/80.2%, 64.7/80.0/67.4%. No correlation between amount of diuretic drug and "exudate" criteria from lights' (p=.66).25 (27.2%) patients were previous post thoracotomy or coronary bypass graft. 7 of 25 patients had loculated effusion. There was correlation between previous surgery with loculated effusion and effusion from combination of pleural disease and CHF (p=.22).

Conclusion: There is benefit to use S-E albumin gradient > 1.2 mg/dl to diagnosis patients who suspected CHF with or without pleural disease. No correlation between diuresis and exudate from Light's criteria.

P2828

Epigenetic deregulated translation control of C/EBP-alpha leads to increased mesothelioma cell proliferation

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Malignant pleural mesothelioma (MM) resists all available anticancer therapies. A major pathology of MM is the uncontrolled cell proliferation and the fast local spreading with rare metastasis. Therefore the inhibition of proliferation is a major therapeutic target. Proliferation of MM cells was linked to mitogen activated protein kinase (MAPK) activity. In this study we characterised the regulation of MAPK regulated CCAAT/Enhancer binding proteins (C/EBP) and their role in MM cell proliferation. In 5 human MM cell lines, cytosolic and nuclear protein expression was determined by immuno-blotting and immuno-chemistry in tissue sections. Transcription of C/EBPs was determined by real time PCR and translation by a translation reporter assay. We observed a cell compartment specific expression pattern of p38- α , - β and - γ MAPK in MM cells. Erk1/2 and p38 MAPK together up-regulated the expression of C/EBP- β and - δ , while C/EBP- α was not expressed. Compared to mesothelial cells C/EBP- α translation was reduced in MM, while the mRNA was constitutively expressed. MM cells expressed a relative high level of the C/EBP- α translation suppressor calreticulin, while eIF4E was not significantly modified. Cell proliferation was inhibited by either the blockade of Erk1/2, or p38- β and - γ MAPK, or C/EBP- β . Transfection with a C/EBP- α expression vector reduced proliferation and increased the MM cell's sensitivity to steroids. Our data implies that in human MM cells an epigenetic mechanism deregulates the translation control of the cell differentiation factor C/EBP- α which leads to increased proliferation and drug resistance.

P2829

Granulomatous reaction – A common cause of mediastinal and hilar lymphadenopathy in non-pulmonary malignancies

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Introduction: Patients with non-pulmonary malignancies are followed with CT for exclusion of metastatic disease. Enlarged mediastinal or hilar lymph nodes can be signs of metastases.

Aim: We report the outcome of 45 consecutive patients referred for EBUS-TBNA due to enlarged mediastinal or hilar lymph nodes detected on CT at clinical follow-up for non-pulmonary malignancies.

Material and methods: EBUS-TBNA was performed 17 (0.5-116) months (median with range) following the primary diagnosis: 28 patients had epithelial malignancies, 6 melanomas, 6 lymphomas, 4 germinal cell carcinomas, and 1 patient sarcoma.

Results: In 45 patients, 90 mediastinal and hilar lymph nodes were punctured. In 6 lymph nodes no lymphocytes were detected (93.3% representative samples). Granulomatous reaction was found in 19 patients (42%), and in another 12 (27%), the lymph nodes were normal. In one patient, no lymphocytes and no malignant cells were present, and 24 months follow-up was uneventful. Metastases were seen in only 12 patients (27%), and in one patient a malignancy other than the primary tumor was detected. In 13 patients with colon cancer, the largest subgroup, metastases were found in 3.

Conclusions: Cytopathological investigation of enlarged mediastinal or hilar lymph nodes in non-pulmonary malignancies is required to confirm the diagnosis, as the majority seem to be benign.

P2830

Patients with malignant pleural effusions who are treated with indwelling pleural catheters spend fewer days in hospital

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Introduction: Malignant pleural effusions (MPE) are common and reducing hospitalization is a key management goal for these patients. Treatment strategies are changing with the advent of indwelling pleural catheters (IPC), a new ambulatory treatment for patients with MPE. We hypothesized that those patients managed with IPC spend fewer days in hospital than those undergoing talc pleurodesis.

Methods: A prospective, non-randomized study involving all three major respiratory centers in Western Australia. Patients diagnosed to have MPE were prospectively followed up until death or to the end of the one year study. In the absence of accepted guidelines for IPC-use, the choice of treatments (pleurodesis, IPC or repeated thoracentesis) was made by the treating clinicians. Hospital admissions were analysed on an intention to treat basis from the time of the first procedure.

Results: 160 patients with MPE were recruited. 31 patients were managed with talc pleurodesis, and 34 received an IPC. The remaining patients only required simple thoracentesis, either because of poor prognosis, lack of effusion recurrence, or lack of symptom relief with initial drainage.

Total hospital admission days were significantly lower in patients treated with IPC (median, 25-75th percentiles) at 6.5 days (3.75-13.0) compared with pleurodesis at 18.0 days (8.0-26.0), $p=0.002$ (Mann-Whitney ranked sum test). Effusion-related admissions were even more significantly reduced at 3.0 days (1.75-8.25) against 10 (6.0-18.0), $p<0.001$.

Conclusion: Patients with MPE who are treated with an IPC spend fewer days in hospital compared with pleurodesis.

P2831

The burden of mesothelioma mortality: Estimation as the first step to prevention

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Background: Mesothelioma is a rare cancer that principally affects the pleura and is almost always caused by asbestos exposure. Mesothelioma incidence has increased in South East England of which East Kent is a major part, particularly for men aged over 70 years, reflecting areas of asbestos use in shipbuilding and industry in the past.

Methods: The aim of the study is to estimate the current burden of cancer in the area of East Kent in the UK attributable to occupational factors, and identify carcinogenic agents, industries and occupations for targeting risk prevention. Data of all cases diagnosed at East Kent Hospitals NHS Trust were collected retrospectively from April 2009 to March 2010.

Results: There were a total of 15 cases in East Kent Hospital NHS trust, UK over the period of one year which is a significantly high number as compared to previous years, the current population being 614,576. All of them were male. Median age was 74 years and median survival from diagnosis was 8.9 months. 85% had documented evidence of definite or probable exposure to asbestos. There

were 7 cases that were treated with chemotherapy, 6 patients had radiotherapy and 2 patients with advanced malignancy had palliative treatment. No patient had radical surgery and there was minimal difference in relative survival between men with localised and non-localised disease.

Conclusion: In Great Britain, where asbestos use continued later than many other countries, the peak is anticipated to occur later between 2011 and 2115. Cancer networks, especially those with primary care trusts with high incidence, need to be aware of this disease and ensure that risk reduction strategies and services are in place to assist these patients.

P2832

Evaluation of pulmonary reexpansion after thoracentesis using electrical impedance tomography

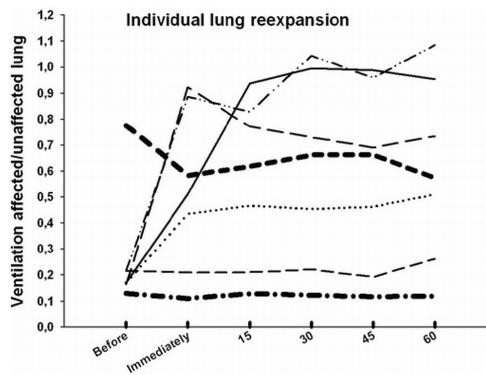
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Introduction: The time to maximum lung reexpansion after a thoracentesis (Thc) is unknown. This limitation is due to the lack of a method to accurately and continuously gauge the lung reexpansion. Electrical impedance tomography (EIT) is a method able to continuously measure relative alterations in lung ventilation and may be an attractive method to evaluate lung function affected by a pleural effusion and the effect of Thc.

Objectives: Quantify the time to maximum lung expansion.

Methods: EIT electrodes were placed around the thorax two centimeters above the effusion lower level. The EIT images were recorded before, immediately and at 15 min intervals after Thc until three consecutive measurements without alteration in the ventilation of affected lung (defined as a ventilation variation <10%).

Results: We evaluated seven patients with pleural effusion. The mean withdrew effusion volume was 1440 mL. Five patients reexpanded the lung. Before Thc, their mean lung ventilation proportion of the affected lung over the unaffected was 0.19 and rose to 0.71. Two patients achieved maximum reexpansion immediately after Thc, one after 15, one after 30 and one after 60 min. Two patients did not reexpand their lungs.



Conclusions: Patients that reexpand their lungs after thoracentesis achieve maximum lung reexpansion immediately or in less than 60 minutes.

P2833

Malignant pleural mesothelioma: Facts & survival rate

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Background: Malignant pleural mesothelioma is the most common type of malignant mesothelioma. Classically described as rare neoplasms, malignant pleural mesothelioma is considered an almost incurable tumour with increasing incidence worldwide, mainly as a result of previous exposure to asbestos – its chief risk factor.

Objectives: Characterize patients with pleural mesotheliomas, determine the time to progression and establish median survival rate.

Materials and methods: Retrospective analysis of all cases of pleural mesotheliomas diagnosed in our Department of Pulmonology, between the years of 2000 and 2009.

Results: Pleural mesotheliomas were diagnosed in 25 patients, 4 females and 22 males. Their age average was 62 years (minimum 40; maximum 76). The majority, 53%, had a history of tobacco exposure (28% were ex-smokers while 25% were current smokers). In 44% of all cases there was recognised exposure to asbestos fibers in the past. Twenty one patients presented the epithelial type of mesothelioma and only four had the mixed type. Their therapeutic approach included chemotherapy and in 21 patients local adjuvant radiotherapy was used. The time to progression was 7 months, median survival 11 months and one-year survival rate of 44%.

Conclusions: The incidence of pleural mesotheliomas was much higher in males than in females. Previous exposure to tobacco and asbestos fibers was significant. Pleural mesotheliomas have a dismal prognosis, with a high mortality rate and low median survival time.

P2834

Acute pleural service: Experience and pathways

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Introduction: Pleural effusions are common and may be the first sign of malignancy or can develop in patients with a confirmed malignancy. It generally indicates advanced disease, forbears deterioration in performance status, increased symptom load, and limited life expectancy. However, not all of these patients necessarily need hospitalisation or a chest drain.

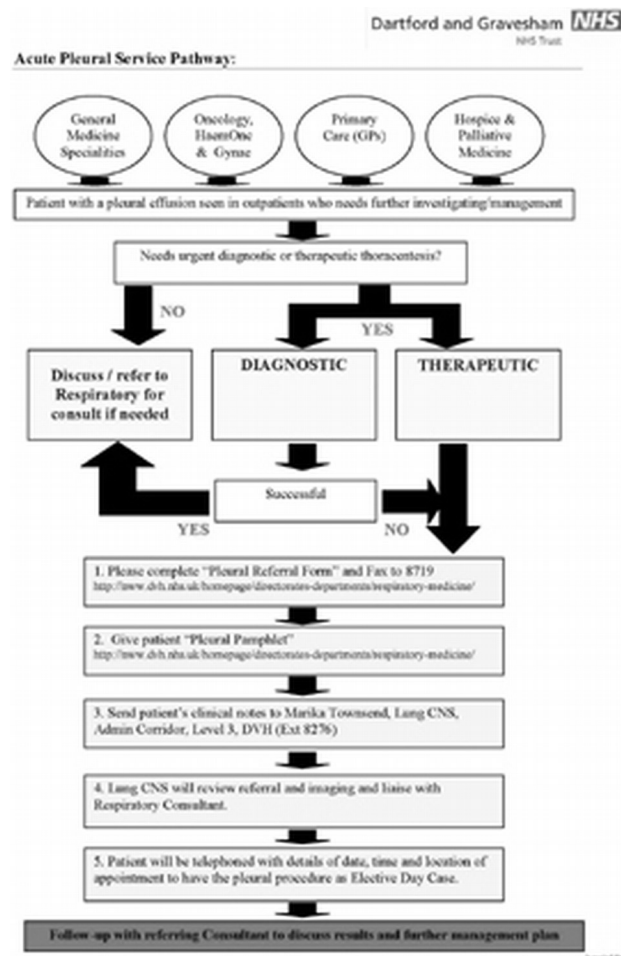
Aims: To ascertain the qualitative and quantitative benefits of providing an acute pleural service.

Methods: A prospective analysis of experience in a district general hospital of providing an acute pleural service.

Results: From July 2010 to date 25 patients were referred to the Acute Pleural Service. The types of pleural pathologies and pathway are shown below.

Aetiology of pleural disease of patients in Acute Pleural Service

Diagnosis	Number of patients
Malignancy	18
Transudate	1
Infection	6
Total	25



Conclusion: Patients with either known malignant pleural effusion and those on first presentation may be managed as elective day admissions in an Acute Pleural Service pathway delivered by a Chest Physician with competency in thoracic ultrasound. This enables rapid assessment for prompt diagnosis, relief of symptoms and onward referral for VATS, medical thoracoscopy, PleurX, chest tube pleurodesis, or repeated pleural drainages as appropriate. This also represents another modality in managing patients with recurrent pleural effusion accumulation, and avoids unnecessary admission & hospitalisation to an acute hospital.

P2835**First ever report of histologically proven bronchiolitis obliterans organizing pneumonia after antineoplastic treatment of a malignant pleural mesothelioma with cisplatin and pemetrexed**

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We report a case of a 74 year old patient diagnosed with malignant pleural mesothelioma who developed an interstitial pneumonia following chemotherapy with platinum and pemetrexed.

The patient was treated with 6 courses of chemotherapy. On admission for the sixth course he reported dyspnea on exertion. Blood gas analysis showed mild hypoxemia. Computed tomography of the chest showed patchy opacities in both lungs, some with a ground glass pattern. Six weeks later and after being treated with several antibiotic agents, the respiratory failure and radiological findings had dramatically worsened. We performed a transbronchial lung biopsy. The histopathological examination of the biopsies showed the pattern of bronchiolitis obliterans and organizing pneumonia. The patient was treated with steroids for several weeks. While radiologic findings clearly improved, the respiratory failure even worsened. The patient remained severely impaired in his quality of life.

Despite up to 20 percent of patients treated with an antineoplastic agent are estimated to have some form of lung toxicity, just one suspected case of interstitial pneumonia after chemotherapy with pemetrexed has been reported. Though, the diagnosis has not been proven histologically [1]. Especially as the antifolate agents gemcitabine and methotrexate are well known to cause lung injury, we think that pemetrexed must be considered as the causing agent of the lung injury in our patient.

Reference:

- [1] Lioriot Y, Ferte C, Gomez-Roca C, Moldovan C, Bahleda R, Wislez M, et al. Pemetrexed-induced pneumonitis: a case report. *Clin Lung Cancer*. 2009 Sep;10(5):364-6.

P2836**An analysis of indwelling pleural catheter (IPC) insertions for malignant pleural effusions**

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Introduction: Persistent malignant pleural effusion (MPE) is a common complication of malignant disease. IPCs are a safe effective strategy to relieve dyspnoea, maintain quality of life, reduce hospitalisation and length of hospital stay.

Objective: To describe the use and outcomes of IPCs in management of MPE.

Method: Retrospective analysis of 47 sequential IPC insertions for patients with MPE's in a single centre from May 2009 to February 2011.

Results: 47 IPC insertions for MPE were performed in 44 patients (1 bilateral and 2 repeated procedures)

Patient characteristics

Characteristic	Values
Mean age (years)	69
Gender	
Male	22
Female	22
Side of effusion	
Right	23
Left	21
Primary tumour	
Lung	17
Breast	6
Lymphoma	5
Renal	4
Ovarian	2
Bowel	2
Pancreas	2
Melanoma	1
Endometrial	1
Prostate	1
Unknown primary	3

21 patients had IPC insertion due to trapped lung, 19 patients after failed pleurodesis. Median hospitalisation 2 days for elective admission (IQR 1), 6 days for emergency admission (IQR 2.5). Median survival post insertion, if still insitu at time of death, 35 days (IQR 28); mean 54 days (SD 54.5). Complication rates were low; 2 cases of cellulitis, 2 cases of skin sensitivity to dressing, 1 tube displacement and 1 fracturing of IPC requiring removal. IPCs were removed in 4 patients after auto-pleurodesis. In 4 cases drainage ceased but IPCs were left insitu until end of life. No difference in frequency of auto-pleurodesis in patients who had trapped lung or failed pleurodesis.

Conclusions: IPC's are effective and safe for management of MPE with low complication rates and obvious cost benefit advantage in reduced hospital admissions offering immediate and sustained relief of symptoms.

P2837**Unusual case of multiple pleural masses**

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A 80 year old lady was referred for evaluation of multiple pleural shadows. She was diagnosed to have myasthenia gravis 30 years ago and was treated with

azathioprine until now. Six years ago she underwent bone marrow biopsy for investigation of anemia which revealed hypoplastic marrow with specific red cell aplasia including features consistent with azathioprine treatment.

Her hemoglobin was 11.5gm/dl. CT scan of the chest revealed multiple pleural masses. CT guided biopsy of the pleura showed bone marrow with apparently normal granulocytes, normoblasts, megakaryocytes and other myeloid elements. There was no evidence of leukemia or malignancy noted. There was no pleural or pulmonary tissue identified in the biopsy and the features were consistent with extra medullary hemopoiesis (EMH).

EMH is the proliferation of blood elements outside the bone marrow cavity. This mainly involves reticuloendothelial system (liver, spleen & lymph nodes) but is also known to occur in every organ of the body including thyroid, pericardium, kidney and lungs. Only a few cases of intra thoracic EMH have been reported in literature. These may manifest as paroesophageal masses, pleural masses or haemothorax either alone or in combination. They occur characteristically either unilaterally or bilaterally in the posterior mediastinum. They present as rounded soft tissue opacities paravertebrally with a clear cut outline. Neither calcification nor bony erosion has been reported in these masses. EMH thus forms one of the important differential diagnoses of posterior mediastinal masses. This case illustrates the importance of considering EMH in the differential diagnosis of multiple pleural masses.

P2838**Comparative evaluation of alkaline phosphatase (ALP) & adenosine deaminase (ADA) in pleural fluid and serum of patients with pleural effusions**

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Background: High levels of alkaline phosphatase (ALP) have been suggested for the discrimination between exudative and transudative pleural effusions (PE).

Objectives: The purpose of this study is to assess the levels of ALP and Adenosine Deaminase (ADA) in the pleural fluid of patients with PE. We also evaluate the usefulness of ALP activity in differentiating transudates from exudates and further in separating tuberculous PE from other causes of exudative effusions (malignant and parapneumonic PE).

Materials and methods: A total of 60 patients, admitted to our hospital, having PE due to various etiologies were included in this study. The patients were divided into four groups according to the final diagnosis: 27 malignant, 19 parapneumonic, 8 tuberculous and 6 transudative PE.

Results: Both mean pleural fluid ALP and ADA values were significantly higher in transudates compared to exudates (61.04±58.86 vs. 32.67±10.42 U/mL, p=0.012 and 39.81±41.83 vs. 8.22±4.15 U/L, p=0.0004 respectively). Parapneumonic and tuberculous pleural fluid ALP and ADA levels were significantly higher compared to malignant PE respectively. In ROC curve analysis, sensitivity and specificity values were 98.1% and 83.3% respectively for a cut-off value of 9.2 U/L for pleural ADA and 54.7% and 83.3% respectively for a cut-off value of 45 U/mL.

Conclusion: Both ADA and ALP showed the same specificity in distinguishing exudative from transudative PE whereas ADA showed greater sensitivity compared to ALP, although both biomarkers were significantly higher in exudates compared to transudates.

P2839**The impact of malignant pleural effusion – A retrospective review**

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Barnsley Hospital (BH) serves a population of 220,000 people. The respiratory specialists have noticed a high burden of care associated with the management of pleural disease. An average United Kingdom (UK) district general hospital would expect to diagnose and treat approximately 250 new cases of malignant pleural effusion (MPE) per year [1]. Projected figures suggest an increase of 100,000 cancer diagnoses per year within the UK of which 15% will have an associated MPE [1]. One NHS bed day costs £225 [2] and with this in mind we considered the workload and financial resources required to manage these cases.

Method: We retrospectively analysed data over an 18-month period, searching clinical coding archives using the keyword "pleural effusion". Cases with a malignancy coded under the heading "primary diagnosis", "diagnosis 1" or "diagnosis 2" were identified as having a MPE. These cases were reviewed to assess total number of inpatient days, number of patient episodes and length of stay (LOS).

Results: Number of patient episodes for pleural effusion of any cause = 1195

Number of patient episodes for MPE = 226 (including recurrent admissions)

Number of MPE secondary to lung cancer = 90 (39.8%)

Average LOS for MPE = 7.3 days

Conclusion: The burden of MPE management at BH is significant, considering that in this 18 month period 1650 inpatient days were utilised.

By highlighting the financial impact of this data there has been a successful bid by the lead lung cancer specialist for funding of a medical thoracoscopy service in BH. A recent audit of the medical thoracoscopy service has confirmed a reduction in LOS and recurrent admissions.

Reference:

- [1] British Thoracic Society Pleural Disease Guidelines 2010.
[2] <http://www.institute.nhs.uk/>.

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Desmoplastic small round cell tumour of the pleura. Report of a rare case
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Background: Desmoplastic small round cell tumour (DSRCT) is a rare, highly aggressive malignancy typically presenting as an abdomen mass. It usually occurs in young population with male predominance.

Aim: To report a rare case of DSRCT arising from the pleura in a 15-year old female

Methods: We present a clinical case of a young patient who presented with dyspnoea on exertion thoracic back pain and significant weight loss. Physical examination revealed decreased breath sounds of the right hemithorax. A computed tomography scan suggested extensive pleural effusion combined with a large pleural mass of the right side extending in the abdomen and paraortic lymphadenopathy. A biopsy of the mass revealed histological and immunohistochemical characteristics consistent with desmoplastic small round cell tumor. The patient received 7 courses of chemotherapy according to the P6 protocol which involves cyclophosphamide, doxorubicin and vincristine for courses 1-3 and 6, ifosfamide and etoposide for courses 4, 5 and 7.

Results: The patient obtained a partial response after completion of chemotherapy and, subsequently, she received local radiotherapy. Eight months after the initial diagnosis the patient remains in a clinically stable condition.

Conclusion: Desmoplastic small round cell tumor is an uncommon aggressive malignancy. It appears to be chemosensitive but response to treatment is only short-lasting. Current literature suggests a multidisciplinary approach including chemotherapy, radiation and surgery. However, prognosis remains poor.

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WITHDRAWN

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Primary pulmonary Hodgkin's lymphoma with endobronchial involvement: A case report

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Pulmonary involvement in Hodgkin's lymphoma can be observed frequently. However, primary pulmonary Hodgkin's lymphoma is a very rare clinical type of the disease. A case of primary pulmonary Hodgkin's lymphoma with endobronchial involvement is presented here.

