PERITONEAL MALIGNANT MESOTHELIOMA

(A Case Report)

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There are isolated case reports of diffuse malignant mesothelioma of peritoneum in the literature which attest to the rarity of this condition. The problems of clinical presentation and diagnosis, impossibility to treat this condition successfully and an unknown 5 year survival free from disease, makes this distinct pathological entity as a fascinating subject for discussion.

Keeping in view the rarity of this tumour and the possibility of its increasing incidence in the future, the records of present case has been described in detail.

CASE REPORT

A 28 year old Hindu woman G4 P4, last child birth 2 years back was admitted on July 8, 1977 because of a swelling in the lower abdomen, pain in the lower abdomen and loss of appetite for 4 months. Patient had regular menstrual cycles initially. Her menstrual cycles have been irregular for last 3 months.

On admission patient looked ill. She was anaemic and febrile. Her cardiovascular and respiratory system were normal. Lymph nodes in the body were not palpable. On abdomen examination a uniform firm, tender mass was palpated in the hypogastrium extending upto the level of umbilicus. The upper margin of the swelling could be well outlined. The swelling was not ballotable and it did not move with respiration. There was tenderness and guarding in the lower abdomen. Spleen and liver were not palpable.

On vaginum examination the cervix was normal. The exact size of the uterus could not be made out. A uniform fixed swelling occuping the fornices could be elicited. She underwent exploratory laparotomy on July 13, 1977 and was found to have carcinomatosis with scanty implants over the inestines and omentum. Omentum was adherent to the carcinomatous tissue which was occupying the pouch of Douglas. Adhesions were broken and malignant tissue removed. Liver, spleen, uterus, fallopian tube and ovaries were normal. A biopsy of the removed tissue was interpreted as diffuse malignant mesothelioma of papillary type (Fig. 1). Postoperative period was uneventful. On 6th postoperative day a nodular, firm mass could be felt in the left iliac fossa. The patient was discharged on 12th postoperative day. She went to another center for Chemotherapy treatment, where she expired 6 months after the treatment.

Disussion

Keeping in view the age and symptoms of the patient it was very difficult to offer the diagnosis of peritoneal malignant mesothelioma preoperatively. Peritoneal malignant mesothelioma has been regarded as rare malignancy which occur between age 40 and 60. This malignancy is

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seldom seen among children and young women. The history of the patient and clinical signs were consistent with the diagnosis of torsion of an ovarian tumor or some degenerative change in already existing fibroid. An uniform swelling in the hypogastrium created a deceptive feeling of pathology in connection with the uterus. The malignancy is usually undemarcated and unresectable. Although the tumor is rapidly fatal in most of the cases, the evidence of distant metastases is scanty. According to Ratzer *et al* (1966) that distant metastasis in the late stages are relatively common.

The treatment of diffuse malignant mesothelioma is as difficult as the diagnosis; Barow *et al* (1973), Caffrey and Lucido (1961), Godwin (1957) and Ratzer *et al* (1966). The growth is not particularly radiosensitive or amenable to surgical excision. Rose *et al* (1955) reported a case of diffuse malignant peritoneal mesothelioma which was successfully treated by local instillation of radioactive colloidal gold. Rogoff *et al* (1973) treated 3 cases of malignant peritoneal mesothelioma by total abdominal irradiation in conjunction with intraperitoneal instillation of P 32 with 2 survivals for more than 10 years and another survival for 2 years after the applications. There is a common opinion that irradiation does not alter the course of malignancy; Barow *et al* (1973) Ratzer *et al* (1966).

Chemotherapy has been generally reported as being ineffetive in the management of diffuse malignant mesothelioma. Local administration of chemotherapeutic agents does not appear to alter the prognosis but the rapid reaccumulation of the fluid may be decreased. Roberts *et al* (1970) reported 4 cases where they used both systemic and intraperitoneal cyclophosmide. There was no evidence to suggest that any worthwhile benefit was derived from chemotherapy.

From the reports in literature it would appear that surgery, irradiation of chemotherapy; alone or in combination, do not appear to alter the course of diffuse malignant mesothelioma.

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See Fig. on Art Paper IV