

E. Comment: Case Report and Analysis of the Literature on Sarcomatous Mesothelioma of the Left Atrium

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INTRODUCTION

Indeed, statements in the article 'case report and analysis of the literature on sarcomatous mesothelioma of the left atrium' published in international journal of surgical case reports are accurate. The uniqueness of this article lies in the scarcity of published cases concerning primary intra-cardiac mesothelioma without pericardial involvement, which has consequently hindered the development of its therapy strategies.

DESCRIPTION

Malignant pleural mesothelioma can sometimes lead to this tumor, but it is the most common type of original malignant pericardial tumor not intra cardiac ones. Some types of pericardial mesothelioma show up as an isolated tumor or as pericardial effusions or as a mass that surrounds the heart and includes the whole pericardium. It depends on how much it invades, but it has been known to get into the heart chambers locally.

Intra cardiac mesotheliomas exhibit similar characteristics to other cardiac masses in terms of their symptomatology, which includes chest discomfort, shortness of breath, coughing, and nocturnal diaphoresis. The utilization of noninvasive cardiac imaging has significantly contributed to the identification and treatment of primary heart cancers.

While transthoracic echocardiography has the potential to assess suspected cardiac cancers, a comprehensive and precise assessment requires the use of computed tomography. The imaging technique provides information regarding the pathology, location, and dimensions of the tumor, as well as the pericardium and major arteries. Additionally, it allows the radiologist to assess for extra cardiac conditions such as metastases.

Pathologic investigation is considered the definitive method for diagnosis. The histological characteristics of a cardiac tumor exhibit significant variability. Malignant mesothelioma is characterized by three distinct histological subgroups, namely epithelial, sarcomatous, and mixed. When examined *via*

ultrastructural or immunohistochemically techniques, the epithelial portions exhibit characteristics reminiscent of a carcinoma, while the spindle areas exhibit characteristics reminiscent of a sarcoma and typically display some evidence of mesotheliomatous differentiation. Surgical intervention was deemed the sole viable approach to ascertain the underlying issue and eliminate the bulk whenever it is feasible.

In the case of our patient, we only pursued chemotherapy as the chosen therapeutic approach. In addition to our case, the literature reports the identification of four further instances with localized pericardial mesothelioma. Females exhibit a higher susceptibility to the incidence of this uncommon form of cancer, specifically categorized as epithelial in nature.

The utilization of radiation and chemotherapy in the treatment of pericardial involvement would have yielded limited efficacy. Radiotherapy (RT) has been shown to have potential as an adjunctive or palliative therapy for some instances of malignant cardiac tumors, leading to enhanced overall survival and reduced risk of relapse in cases of cardiac sarcomas. The utilization of this technique is constrained due to the potential for radiation-induced damage to the heart structures. There is a limited amount of accessible data regarding the safety of cardiac radiation therapy.

The complete eradication of tumors through surgical intervention can be challenging in many situations, and the efficacy of radiotherapy and chemotherapy in treating malignant mesothelioma is often limited. As a result, the prognosis for this condition is exceedingly bad, with only a limited number of feasible therapeutic options available.

CONCLUSION

The absence of sufficient data has resulted in the unavailability of guidelines that are grounded in empirical evidence. Early identification and surgical removal remain the most efficacious therapeutic approach. However, achieving this is rarely accomplished due to the tumor's localized aggressiveness.

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