An elusive 'chest coin' in an african child: a pleural fibroma's long, tortuous path to 'freedom'

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Abstract

Fibrous tumour of the pleural is rare and controversial tumor. Most of the reported cases is adults and the elderly. This case presentation is a solitary fibrous tumour in a fifteen year old girl, which to the best of our knowledge is the youngest report, who was sent for a psychiatric evaluation due to persistent complaint of "movement" in her chest, later referred to a tuberculosis clinic because of a chest radiograph report of loculated pleural effusion likely secondary to tuberculosis. She eventually had a chest computerized tomography and subsequent resection of the lesion. Histology confirmed the computerized tomography diagnosis of solitary fibrous tumour and there was no recurrence five years after excision. This report highlights the difficulty often encountered in developing countries where clinicians solely rely on clinical acumen for diagnosis and treatment due to poor patients' financial status and scarcely available diagnostic resources.

Introduction

Solitary fibrous tumours (SFT) of the pleural are rare, controversial tumour accounting for less than 5% of all neoplasm involving the pleural [1,2].They present a diagnostic dilemma and can easily be missed even in an environment with adequate clinicoradiologic work up [2].It affects women and men of all ages with the mean age of 51 years [3] though all the reported cases are adults and elderly, our patient is a teenager.

SFT are different from the commoner pleural tumor, diffuse mesothelioma in that they are not related to asbestos' exposure, they have good prognosis and are not aggressive [4].They mostly arise from the visceral pleural (80% of cases) but can also be derived from parietal pleural; other serosal membranes like peritoneum, pericardium non serosal sites such as the lung parenchyma, the nose and paranasal sinuses [2].