This 33-year-old white man was hospitalized for investigation of an abnormal chest film. His only complaints were lethargy and weakness for the past three months.

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Physical examination was unremarkable. There was generalized obesity and an atrophic right testis apparently secondary to mumps. No abnormality was noted over the lung fields.

Histoplasmin skin test was positive, 10 mm. in diameter.
FIGURE 3: Wilder's silver stain x250. Note groups of cells surrounded by delicate reticulum of vessels.

**Diagnosis:** HEMANGIOPERICYTOMA OF THE CHEST WALL

Chest roentgenogram disclosed a 5 x 7 cm. mass in the left upper lung field. It was sharply defined, but appeared to blend with the pleura. Generalized small par-enchymal calcifications were present probably due to healed histoplasmosis.

Exploratory thoracotomy revealed a bulging tumor beneath the glistening pleura in the area of the second and third left ribs and growing through the interspace into the pectoral muscle. It was excised with a margin of approximately 5 cm. on all sides, which necessitated removal of portions of the first four ribs. A complication of surgery was loss of sensation in the entire left hand, with weakness, which slowly improved. Subsequent course over the next 11 months has been uneventful.

Pathologic examination showed a 5 x 7 cm. lobulated subpleural tumor with its external surface covered by muscle. It was relatively sharply demarcated, but not encapsulated. The cut surface was greyish-tan. Grossly, there was no evidence of necrosis or hemorrhage. Histologically, the tumor revealed a very highly organized but cellular neoplasm with arrangement of the cells in complex cords in close association with thin walled vascular spaces; the vascular pattern was quite well demonstrated with Wilder's stain (Fig. 3).

The close relationship with the capillaries, the lack of encapsulation and the active growth are evidence of malignant potentiality.

The original description of hemangiopericytoma was published by Stout and Murray in 1942. Since that time, more than 200 cases have been reported in the literature. They are equally divided between external soft tissues and internal tissues. As far as I have been able to ascertain, there are eight reported cases of involvement of the chest wall. Hemangiopericytomas are vascular tumors of complex histologic appearance, composed of capillaries or endothelial sprouts and of proliferating pericytes. With silver stain, the blood vessels are clearly demarcated. As these tumors arise from capillaries, their anatomic distribution is wide and they may be found in any part of the body. They occur in children as well as in adults and no sex or race predilection seems to exist. Grossly, the tumors vary in size; they are generally firm and irregular or nodular and often have a distinct tan color. The size may remain stationary for long periods, or there may be slow growth, local invasion or widespread metastasis. Malignancy can be suspected if a considerable number of mitoses are found. In spite of the vascular origin, bleeding is seldom observed.

Prompt wide local excision and occasionally adjuvant roentgen therapy is the treatment of choice.

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**References**

