AN 85-YEAR-OLD WHITE MAN WAS ADMITTED ON OCTOBER 25, 1962. FOR FOUR TO FIVE YEARS PRIOR TO ADMISSION HE HAD SUFFERED FROM COUGH, PRODUCTIVE OF YELLOW-SPUTUM BUT NO BLOOD. TUBERCULIN SKIN TEST WAS POSITIVE. HISTOPLASMIN, BLASTOMYCIN, AND COCCIDIOIDIN SKIN TESTS WERE NEGATIVE. BRONCHOSCOPY AND PAPANICOLAOU SMEAR OF BRONCHIAL WASHINGS WERE NEGATIVE.

*Veterans Administration Hospital.
**Diagnosis:** Pedunculated Fibrous Mesothelioma

Admission roentgenograms (Figs. 1 and 2) revealed a large mass in the right lower posterior thorax. It was sharply outlined by the lung and lobulated. There was no evidence of pulmonary collapse. The question was raised as to whether a diagnostic pneumothorax should be induced in order to determine whether the lesion was intrapulmonary, pleural, or extrapleural. This procedure was not done since it was decided to operate upon the patient in any event.

Exploratory thoracotomy was performed on November 14, 1962, and a large, firm mass attached to the inferior margin of the lower lobe by a broad pedicle, was excised (Fig. 3). Recovery was uneventful.

In this country Stout and Murray\(^1\) first substantiated the diagnosis of localized pleural mesothelioma by tissue culture methods. Although this is a relatively uncommon tumor, a number of cases have been reported. Clagett, McDonald and Schmidt\(^2\) collected 24 cases, four of which were malignant and ultimately caused the death of the patients. Foster and Ackerman\(^3\) reported 18 cases, in none of which could malignancy be proved. It is interesting that, of these 42 cases, 17 were pedunculated. Review of other published reports reveals that a significant number of these tumors are pedunculated, and almost invariably these pedunculated tumors have been benign. It is possible that diagnostic pneumothorax would have revealed the pedunculated nature of the lesion in our patient, and thus suggested the correct diagnosis prior to operation.

Frequently, localized pleural mesothelioma will manifest itself by systemic symptoms such as chills, fever, joint pains and clubbing of fingers and toes.\(^4\) Our own patient did not manifest these systemic symptoms.

**References**


For reprints, please write Dr. Guilfoil at VA Center, Dayton 17, Ohio.

---

**BRONCHOGENIC CARCINOMA**

A unique instance of anaplastic bronchogenic carcinoma with polyneuropathy and severe orthostatic hypotension is reported and discussed in view of the known association of bronchogenic carcinoma with various neuropathies and of neuropathies with orthostatic hypotension. Tilt-table studies with infusion of vasopressor substances gave characteristic findings, while catecholamine determinations in the urine had equivocal results.