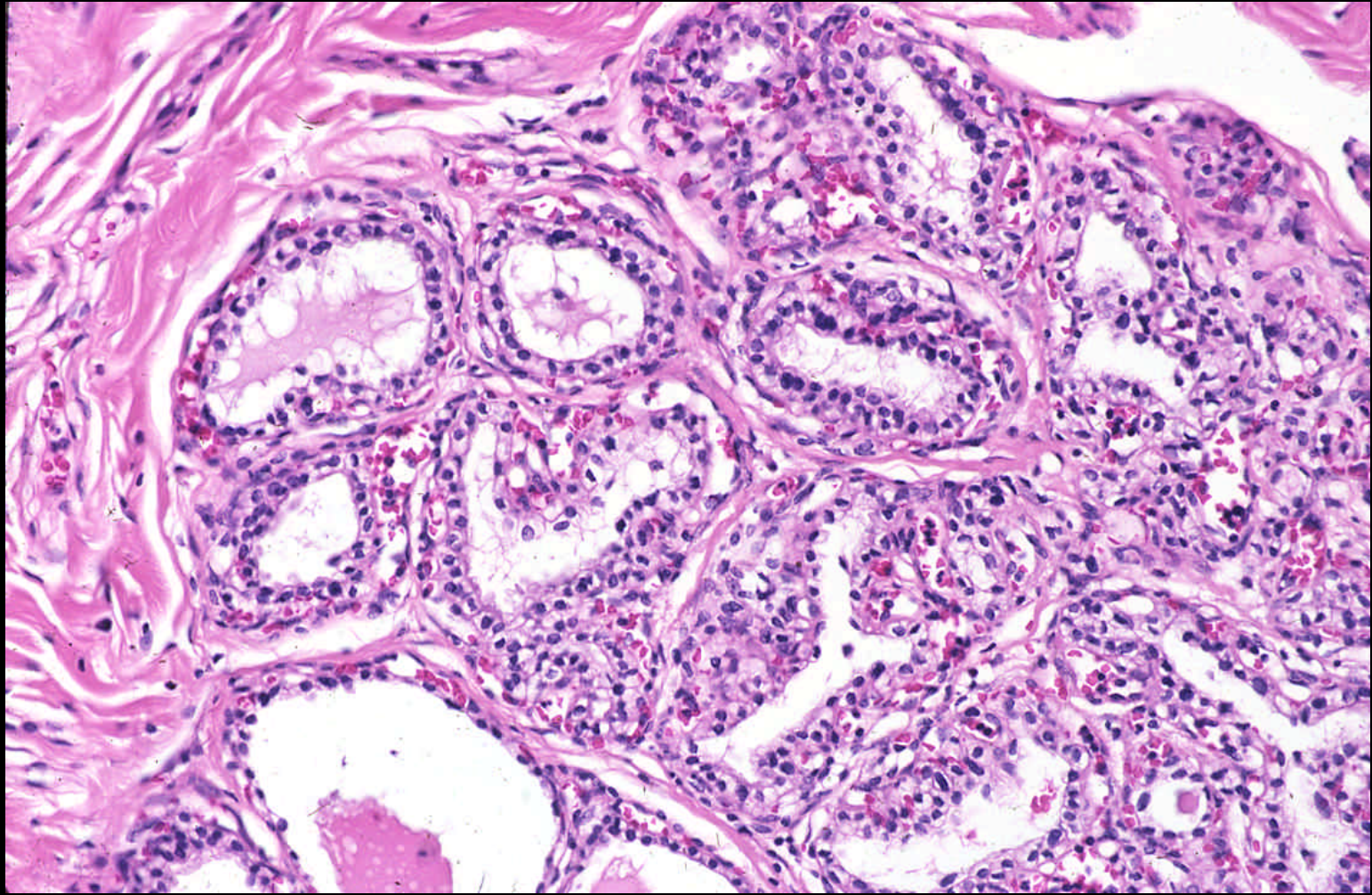


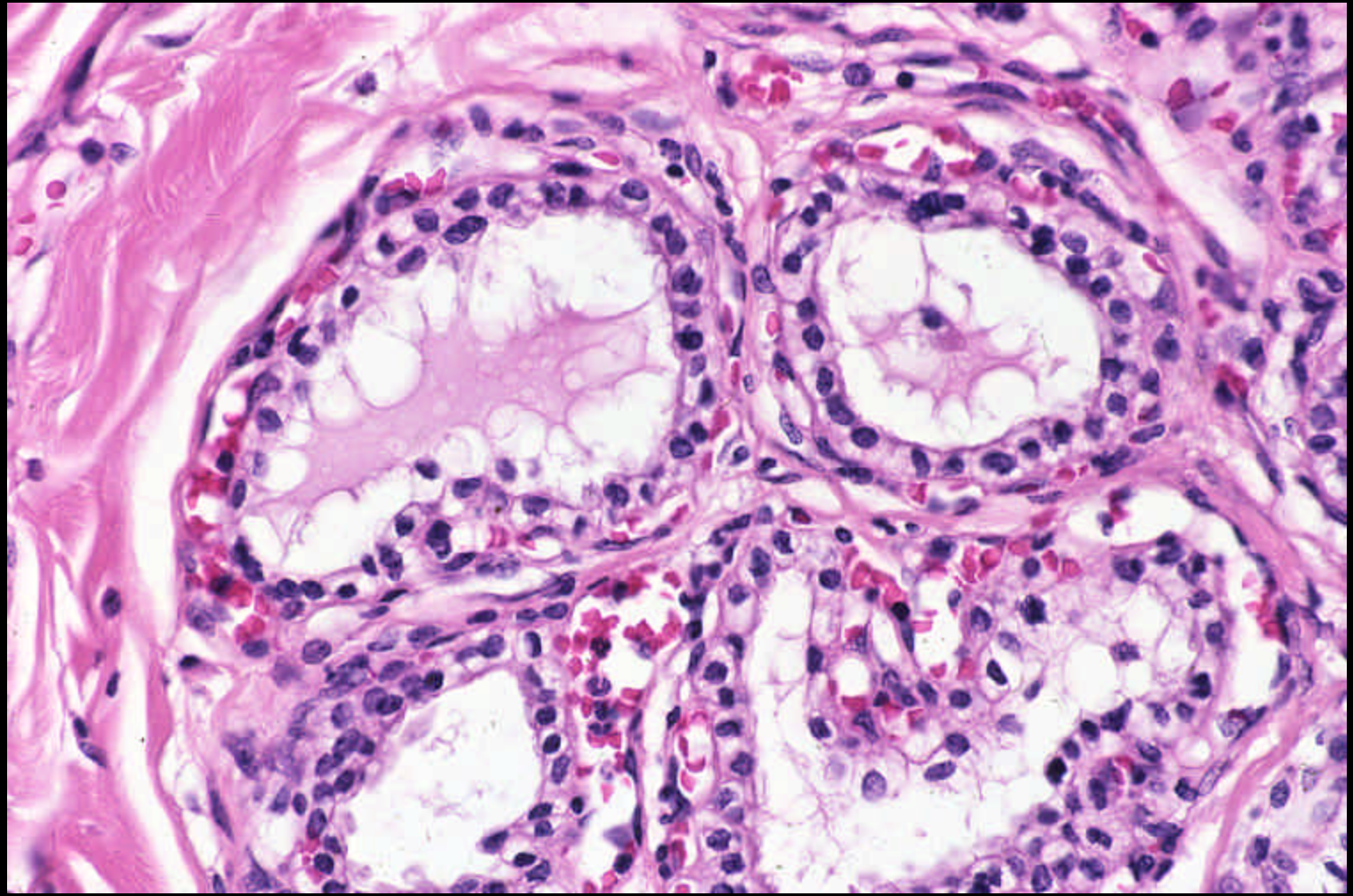
CASE 6 Rosai)

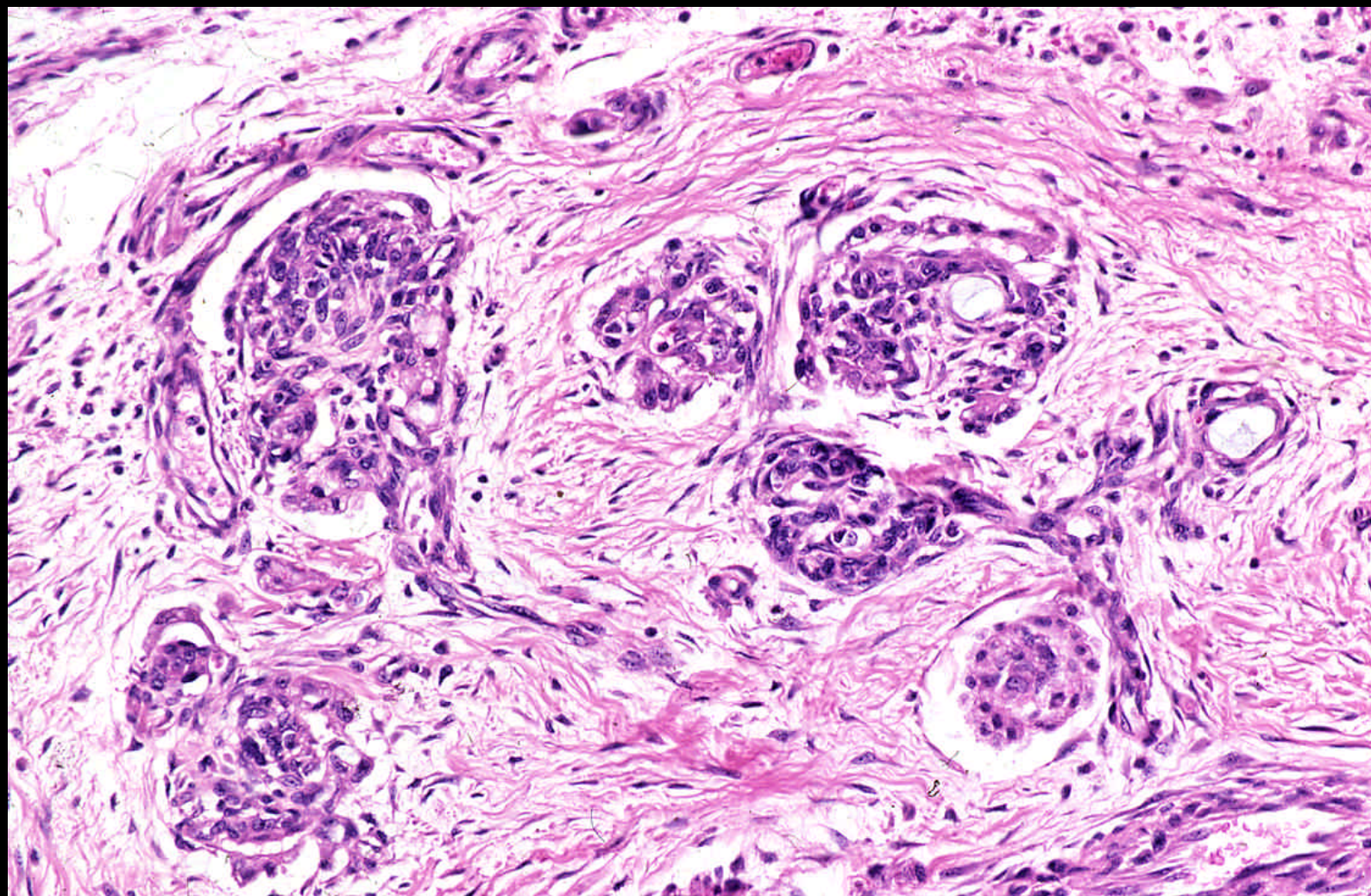
A 32-year-old woman presented with shortness of breath for several months. She had had a radical resection for dermatofibrosarcoma protuberans in the left hip 5 years prior. She had no history of asbestos exposure. Chest X-ray demonstrated an effusion in the left pleural cavity. Pleuroscopy showed multiple pleural-based lesions. Following biopsy, the patient underwent pleurodesis with talc, followed by extrapleural pneumonectomy.

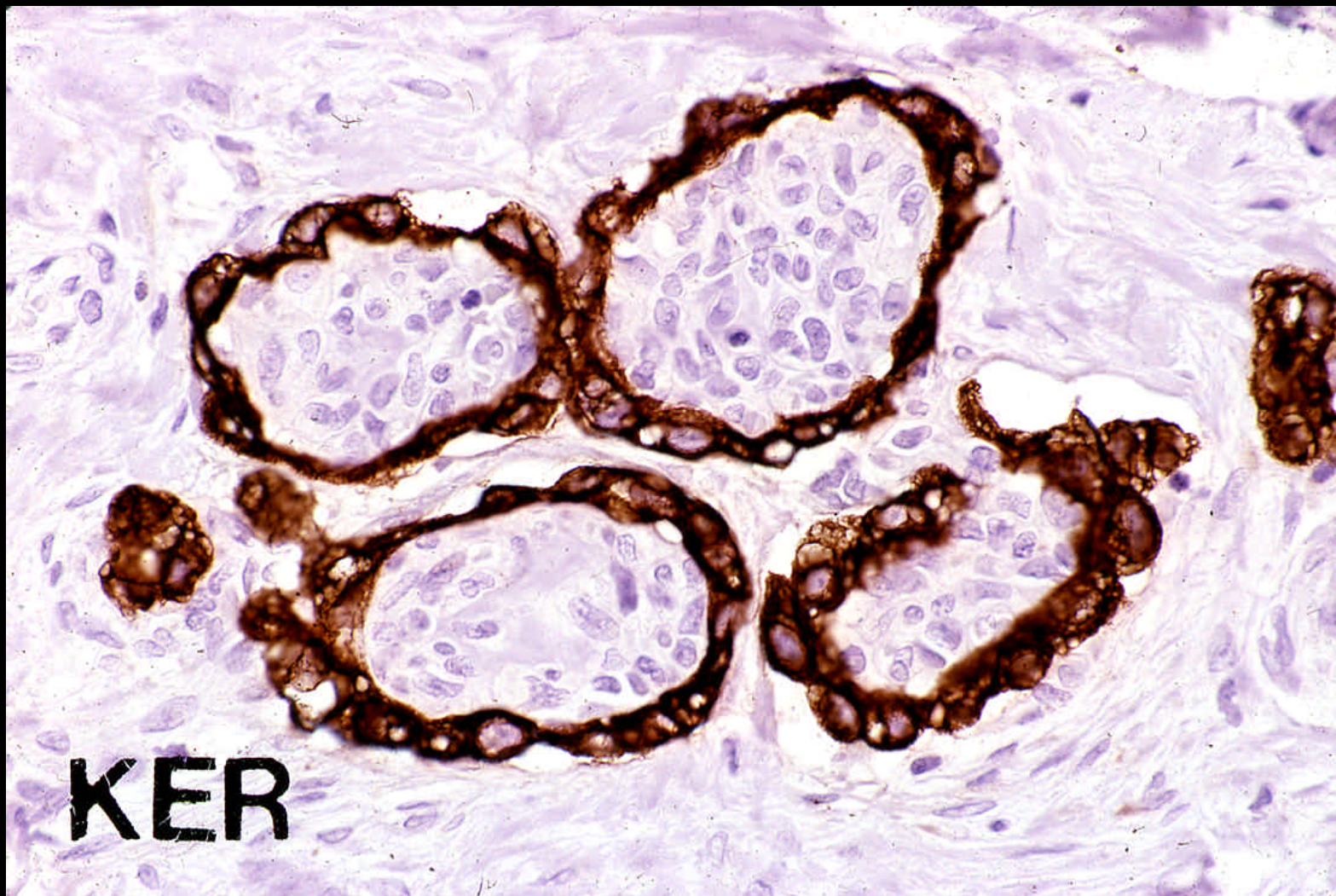
CASE 6 (cont.)

Grossly, the lung showed diffuse adhesions, with variously sized multiple white nodules measuring up to 2.5 cm. Most of the nodules were present between the visceral and parietal pleura, with others located at the base of the lung and diaphragm, and still others in the soft tissues of the chest wall. Tumor was also identified in four lymph nodes, including perihilar, paraesophageal, level 4 and level 7 lymph nodes. The operation was followed by chemotherapy with Taxol and Carboplatin, and subsequent radiation therapy to the tumor bed area by 5900 cGy over 48 days.









KER