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Case Report

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[Localized intrapulmonary desmoplastic mesothelioma: A case report](#)

Introduction: Desmoplastic Malignant Mesothelioma (DMM) is a rare histological subtype of sarcomatoid malignant mesothelioma arising most frequently in the pleura or peritoneum and less frequently in the lung parenchyma.

Patient concerns: A 52-year-old female with no apparent asbestos exposure was referred for consultation in our center after 1 month of cough and no concomitant symptoms of chest.

Diagnosis: Chest computed Tomography (CT) revealed a localized mass measuring 4.5 x 3.9 cm in the right lung middle lobe with inhomogeneous enhancement following injection of contrast, and without pleural lesions, considered a primary intrapulmonary desmoplastic mesothelioma.

Interventions: Surgical intervention was performed.

Outcomes: Following complete tumor resection, the patient declined to receive chemotherapy or radiotherapy. The final diagnosis of intrapulmonary desmoplastic mesothelioma was confirmed by pathological and immunohistochemical examination. In addition, no local tumor recurrence was observed within 10 months of follow-up.

Conclusion: Even elderly female patients with localized pulmonary masses without significant pleural lesions should not excluded the possibility of malignant mesothelioma in the lungs.

Research Article

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[Haemostasis with suture-tourniquet technique following removal of large-bore venous sheaths for endovascular recanalization of acute thrombosis in native arteriovenous fistula](#)

Purpose: To investigate the suture-tourniquet technique for haemostasis in patients with acute thrombosis of native arteriovenous fistula (AVF) whom underwent manual aspiration thrombectomy using large-bore venous sheaths and high dose heparin.

Methods: Between January 2016 and May 2018, patients with acute AVF thrombosis performed successful manual aspiration thrombectomy by using large bore venous sheaths and high dose heparin were included in this retrospective study. Success rate for haemostasis, procedural complications clinical and imaging follow up was reported descriptively.

Results: A total of 52 patients with 64 procedures met the inclusion criteria. In 60(94%) of 64 procedures, successful haemostasis was achieved with suture-tourniquet technique. In 2(3.1%) of the 64 procedures, the suture broke while turning the tourniquet and haematoma occurred in another 3 procedures (4.7%) although suture-tourniquet technique was applied appropriately. Manual compression was performed in these patients. There were 3 major complications unrelated the suture-tourniquet technique.

Conclusion: The suture tourniquet technique can achieve haemostasis rapidly and can be safely used with low complication rates without fistulae thrombosis after large-bore venous sheath removal following treatment of AVF thrombosis.
