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PLAINTIFF'S EXHIBIT
CAP-257

# RADIOLOGY OF MESOTHELIOMA

(Abstract for P.G. course)
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This presentation is limited to malignant mesothelioma, a tumor which occurs almost exclusively in persons who have been exposed to asbestos. It is an entirely different entity from the tumor which has been designated "benign localized mesothelioma". This is a sharply circumscribed, round or oval tumor with an extremely smooth border unlike the mesothelioma. We believe that it originates from the connective tissue beneath the mesothelial layer and the visceral pleura. It is not related to asbestosis.

When the mesothelioma is not obscured by fluid, it usually appears as an irregular thickening of the pleura, presenting as a series of scalloped densities connected to each other. Later, these often extend over the apex, and the dome of the thorax is often displaced downward and flattened by contraction of the growth. The mediastinal pleura may be involved to produce irregular projections simulating large lymph nodes. Eventually the tumor may encase the entire lung and produce a dense homogeneous shadow having the appearance of an effusion.

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A pleural effusion may be present at the first examination, and the bump-like masses on the pleura may be seen above its upper border. However, the tumor can be completely hidden by the fluid at the onset of symptoms. When the tumor is thus obscured, it can be visualized after the effusion is aspirated, and is particularly well-demonstrated after the fluid is replaced by air.

In many cases the underlying asbestosis is not evident radiologically. The diagnosis of mesothelioma then depends largely on a history of asbestos exposure. Often, this cannot be obtained without an extremely detailed occupational history.

The differential diagnosis between mesothelioma and benign thickening of the pleura, or a benign pleurisy with effusion secondary to asbestosis, and the differentiation of mesothelioma from metastatic neoplasm of the pleura, will also be discussed.

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