

Letters to the Editor

characteristic appearance of a myxoid liposarcoma.²

Hypercalcaemia is associated with malignancy, either by humoral effect or by bony or renal disease.^{3,4} Certain soft tissue tumours have been associated with hypoglycaemia² and with hypercalcaemia by the mechanisms stated above. We can find no association of liposarcoma with hypercalcaemia without pronounced renal dysfunction.

The myxoid variant of liposarcoma is the commonest type of liposarcoma (40–50% of all liposarcoma), with the retroperitoneal region being the second commonest site (after the lower limbs).^{2,5} Retroperitoneal liposarcomata usually presents either as abdominal swellings, leg oedema, ureteric obstruction or general malaise. We feel that the calcium concentrations, taken with the mild degree of renal impairment, and the response to treatment, favour a primary malignant disease. This is, we believe, the first report of this association.

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Peliosis thymomitis: association with tuberculosis

The differentiation between vascular lesions and primary tumours in the mediastinum is of considerable clinical importance.¹ We describe a primary mediastinal tumour (a thymoma) which contained vascular lesions.

A 73 year old retired agricultural worker presented to an orthopaedic department with pain in his neck. Subsequent investigation suggested that he had multiple myeloma

affecting the body of the axis and the skull. He died 10 days after being admitted to hospital. Postmortem examination showed death to have been due to severe bilateral bronchopneumonia; active pulmonary tuberculosis was also evident. Multiple myeloma was confirmed as the correct diagnosis.

An incidental finding was an 80 × 60 × 50 mm tumour with a partially calcified capsule in the anterior mediastinum. On sectioning the tumour showed extensive vascularity and macroscopically it was initially considered to be a teratoma. Histological studies, however, showed it to be an epithelial thymoma containing numerous discrete vascular areas characterised by multiple small cystic blood-filled spaces (figure) lined by endothelial cells.

There is a recognised association between thymoma and myeloma,^{2,3} as in the case described above. It is also recognised that thin walled, sometimes dilated, blood vessels are observed in some types of thymoma.⁴ In the example described vascular spaces were particularly striking and were reminiscent of the multiple small cystic blood-filled spaces seen in the liver in peliosis hepatitis. Peliosis thymomitis is perhaps an appropriate term to describe a similar condition in a thymoma.

There is a known association between peliosis hepatitis and tuberculosis,⁵ and it is interesting to note evidence of tuberculosis in our patient. Splenic peliosis has also been described in association with tuberculosis.⁶ Review of 14 other examples of thymoma, obtained from various Glasgow and Leeds hospitals, showed no evidence of peliotic lesions. Tuberculosis was not a feature of any of the 14 patients involved.

We propose the term peliosis thymomitis to describe multiple, cystic, blood-filled spaces in a thymoma, and we further suggest that such a condition may be associated with tuberculosis, as in peliosis hepatitis.

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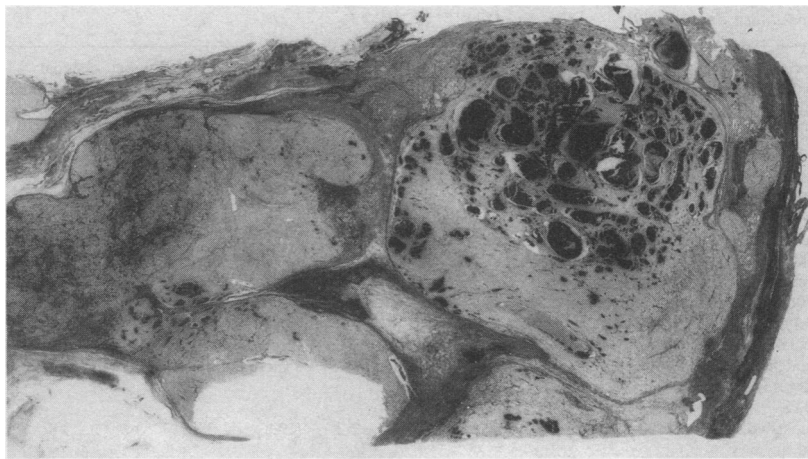


Figure Section of thymoma. Note multiple cystic blood-filled spaces. (Reticulin.)