



## EDITORIAL COMMENT

# In Medicine, as in life, there is the frequent and there is the rare

## Na medicina, tal como na vida, há o frequente e há o estranho

Renato Fernandes

*Centro de Responsabilidade Integrada Cardio e Cerebrovascular do Alentejo, Hospital do Espírito Santo de Évora, EPE, Évora, Portugal*

Available online 21 March 2023



Many times, in Medicine, a certain number of clinical symptoms and signs can be attributed to various causes. These may range from the very frequent to the extremely rare. Fortunately, because it is associated with dire mid-term prognosis, pulmonary artery sarcoma (PAS) falls in the latter group.<sup>1,2</sup> We must admit that misdiagnosis exists and sometimes it is really difficult, if not impossible, to reach the correct diagnosis. To do so, one must dutifully use all the available data, either arising from the clinical aspects of the patient, from “first line” tests such as blood analysis, chest X-ray, echocardiography or computed tomography and when and if available, from more advanced examinations such as magnetic resonance imaging or positron emission tomography.<sup>3,4</sup> The importance of reaching a correct diagnosis is, of course, to avoid giving the wrong treatment to the patient, offering no benefit, and eventually putting the patient at risk of treatment-related complications.

In this case,<sup>5</sup> the authors were faced with one of these situations, in which a rare disease mimics a much more frequent condition. After thorough evaluation of all data, the decision was made to remove surgically the mass, which, in turn, enabled the correct histological diagnosis of PAS. We were pleased to hear that at six months post-surgery,

the patient was faring reasonably well. It is, however, too early to say that he has been freed of the disease. We must hope that technological advances and the widespread use of more sophisticated examinations may help to enable earlier diagnoses. It is also possible that with the development of new drugs and use of tailored chemotherapy, adequate for each type and evolution of PAS, along with radiotherapy<sup>6,7</sup> may, in the end, improve the long-term prognosis for these patients.<sup>1</sup>

## Conflicts of interest

The authors have no conflicts of interest to declare.

## References

- Restrepo CS. Tumors of the pulmonary artery and veins. *Semin Ultrasound CT MR.* 2012;33:580–90.
- Tao J, Chong Z, Zhiying F, et al. Primary pulmonary artery sarcoma. *Interactive Cardiovasc Thorac Surg.* 2008;7:722–4.
- Liu M, Luo C, Wang Y, et al. Multiparametric MRI in differentiating pulmonary artery sarcoma and pulmonary thromboembolism: a preliminary experience. *Diagn Interv Radiol.* 2017;23:15–21.
- Ito K, Kubota K, Morooka M, et al. Diagnostic usefulness of 18F-FDG PET/CT in the differentiation of pulmonary artery sarcoma and pulmonary embolism. *Ann Nucl Med.* 2009;23:671–6.

E-mail address: [rgspf@yahoo.com](mailto:rgspf@yahoo.com)

<https://doi.org/10.1016/j.repc.2023.03.013>

0870-2551/© 2023 Sociedade Portuguesa de Cardiologia. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

5. Yang X, Li Y. Pulmonary artery sarcoma misdiagnosed as a pulmonary embolism: a case report. *Rev Port Cardiol.* 2023;42, <http://dx.doi.org/10.1016/j.repc.2019.08.013>.
6. Uchida A, Tabata M, Kiura K, et al. Successful treatment of pulmonary artery sarcoma by a two-drug combination chemotherapy consisting of ifosfamide and epirubicin. *Jpn J Clin Oncol.* 2005;35:417–9.
7. Hirose T, Ishikawa N, Hamada K, et al. A case of intimal sarcoma of the pulmonary artery treated with chemoradiotherapy. *Intern Med.* 2009;48:245–9.