Exhibit evidence of tumor recurrence. The postoperative course was again uneventful. CT-control the segment arteries of both lobes was found. As reconstructive measures were not possible prothesis and both lung veins, the pulmonary artery and the interlobar portion of the artery operated a via leftsided thoracotomy. After clamping the left branch of the pulmonary artery unchanged peripheral filling defects in both lungs. The patient received anicoagulation with A first control-CT scan one month after surgery showed free vessels exept the known, but diagnosis of a myxoid and regressively transformed thrombus. Only an expert for soft tissue the paraffin-embedded specimens by three independently working pathologists yielded the pathological features of pulmonary artery sarcoma have been repeatedly reviewed, but as histologic subclassification is of no clinical or prognostical use, the term “primary sarcoma of the pulmonary artery” is most appropriate.

The natural course of the disease is determined by local tumor growth and additional thrombosis both leading to progressive obstruction of the vessels. Due to slow progress it may cause few symptoms but sudden death will occur when near total occlusion by the tumor and/or an additional thrombus leads to acute right ventricular failure. This is underlined by the fact, that 60 % of sarcomas of vessel wall origin represent a wide spectrum of microscopic appearence and particularly hypocellular tumors can be misdiagnosed, as it was the case in our patient.

If an obstructing endovascular pulmonary tumor is diagnosed, a mean survival time of only 1.5 months was calculated. Surgery is the only potentially curative treatment modality independent of adjuvant chemotherapy or radiotherapy also remains unclear.

In conclusion, we believe that even extensive resectional procedures of the pulmonary trunk, the pulmonary valve, and both pulmonary arteries including secondary pulmonary resections are justified as far as the remaining pulmonary function warrants an acceptable lifestyle as it is the case in our patient. The remaining lifespan without surgical intervention is extremely short. In the case of central pulmonary artery tumor additional peripheral filling defects may represent emboziled tumor or thrombus. Frequent CT scan controls with the patient under oral anticoagulation are appropriate to discriminate re-operation.

Sarcoma of the Pulmonary Trunk and the Main Pulmonary Arteries
Hanno Huwer, Cem Özbek, Gerhard Kalweit
Department of Cardiothoracic Surgery and Department of Cardiology, Völklingen
Heart Centre, D-66333 Völklingen/Saar,

Introduction
Pulmonary-artery sarcoma is a rare vascular tumor with a poor prognosis. While thromboendarterectomy is the adequate method to surgically treat chronic obstruction by thromboembolism, sarcomas of vessel wall origin represent a wide spectrum of microscopic appearance and particularly hypocellular tumors can be misdiagnosed, as it was the case in our patient. The remaining lifespan without surgical intervention is extremely short. In the case of central pulmonary artery tumor additional peripheral filling defects may represent emboziled tumor or thrombus. Frequent CT scan controls with the patient under oral anticoagulation are appropriate to discriminate re-operation.