

Cytoreductive surgery and hyperthermic intraperitoneal chemotherapy (HIPEC) in a patient with peritoneal mesothelioma and HIV infection

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ABSTRACT

Background. High rates of septic complications have been associated with cytoreductive surgery and hyperthermic intraperitoneal chemotherapy, which has been suggested as the treatment of choice for isolated peritoneal malignancies. Patients infected by the human immunodeficiency virus (HIV) are still considered at a high operative risk.

Method. A 58-year-old man with HIV infection and diffuse peritoneal mesothelioma underwent optimal cytoreductive surgery and hyperthermic intraperitoneal chemotherapy.

Results. The patient experienced a complete clinical response to therapy with no adverse effect on disease course or markers for HIV (CD4 count, beta2-microglobulin, neopterin, p24 antigen, and viral load).

Conclusion. This report suggests that this innovative approach can be successfully performed also in this clinical setting. In selected patients who respond to all criteria, surgery is possible and is a safe and effective therapeutic option. **Free full text available at www.tumorionline.it**

Key words: peritonectomy, AIDS, surgical complications, peritoneal carcinomatosis

Abbreviations

AIDS: acquired immunodeficiency syndrome; CRS: cytoreductive surgery; HAART: highly active antiretroviral therapy; HIPEC: hyperthermic intraperitoneal chemotherapy; HIV: human immunodeficiency virus; PCI: peritoneal cancer index.

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