A 57-year-old man, without any medical history, was referred to our department for a giant presternal mass (Fig. 1). The tumor was known for 5 years. The computed tomography showed a heterogeneous structure, infiltrating the sternal insertions of both pectoralis major muscles (Fig 2). The Tc 90 whole body scintigraphy shows a single lesion in the middle of sternum.

After a negative search for metastasis, we performed a radical resection. The pathologic examination reveals a chondrosarcoma, with intense necrosis and hemorrhage. The tumor invades the cartilages and bone tissue of the sternum and of two adjacent ribs cartilages. The resection margins do not show signs of neoplastic infiltration. Today, the patient is without recurrence, 3 years after surgery. Chest wall tumors are complex conditions requiring an interdisciplinary discussion.1

REFERENCE