A “fat chance” it’s malignant: lipoid pneumonia simulating lung cancer on PET scan

A 65-year-old man underwent lobectomy following a positron emission tomography (PET) scan showing increased uptake in a nodular lesion in the middle lobe (fig 1). A preoperative transbronchial biopsy specimen demonstrated lipoid pneumonia which was disregarded as a false positive (fig 2). No tumour was seen in the excised lobe.

Lipoid pneumonia is caused by aspiration of exogenous oils. It usually causes lung infiltrates but may also assume a nodular form suggesting a tumour. The PET scan may be “positive” as a result of metabolic activity of inflammation. Physicians should consider lipoid pneumonia in the differential diagnosis of a PET-positive lung lesion to avoid unnecessary surgery.

References

Learning points
- Lipoid pneumonia may take a variety of forms, including mass lesions.
- The history of oil ingestion is frequently not elicited until after the pathological diagnosis is made.
- Inflammatory lung lesions may show increased uptake on PET scanning.
- If a lung biopsy shows lipoid pneumonia in a PET-positive lesion, a conservative approach may be warranted.
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Thorax 2007 62: 464
doi: 10.1136/thx.2006.068296

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