A suspicious clot

A 72-year-old man presented with right-sided pleuritic chest pain, chronic cough and weight loss. Chest x ray revealed a moderate sized pleural effusion. Chest CT showed thromboembolism of the right main pulmonary artery, and pleural effusion with compression atelectasis of the right lower lobe of the lung (fig 1). As the thrombus appeared suspicious, being unilateral, central and occupying the entire lumen of the pulmonary artery without abnormality in the contralateral lung, magnetic resonance arteriography was performed which showed heterogeneous enhancement (fig 2). Positron emission tomography (PET)/CT confirmed increased \[^{18}F\]fluorodeoxyglucose (FDG) uptake by the mass in the right main pulmonary artery, pleura, right clavicle, L1 vertebral body and both adrenal glands (fig 3). He underwent CT-guided biopsy of the L1 vertebral body, and histology was compatible with intimal sarcoma of the pulmonary artery. He was treated with gemcitabine but developed acute dyspnoea with hypotension, and died of heart failure from tumour embolism.

Primary pulmonary artery sarcomas are often misdiagnosed as emboli and suspected when patients do not improve with anticoagulation therapy, which accounts for the delay and advanced stage at diagnosis.1 As magnetic resonance imaging, PET and PET/CT are used more frequently in the evaluation of pulmonary malignancy, it is possible that diagnosis of this rare disease can be made earlier in the clinical course.2–4

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