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Pulmonary adenocarcinoma presenting as a giant pleural mass

A 57 year old female non-smoker with no asbestos exposure was admitted with right chest pain and fever. Magnetic resonance imaging revealed a huge mass occupying the right hemithorax (fig 1). She underwent right posterolateral thoractomy following a negative bronchoscopic examination with transbronchial lung biopsy and transthoracic needle biopsy. A giant, well circumscribed, lobulated solitary tumour 13 cm in diameter attached with a pedicle to the visceral pleura was surgically removed (fig 2A). Macroscopically, the tumour was nearly protruding into the pleural space, compressing the right lower lobe upwards and presenting as a pleural mass. Histological examination showed poorly differentiated adenocarcinoma of the lung (fig 2B). A CT scan performed 12 months after surgery showed a well defined homogeneous mass abutting the pleura in the right lung. The most likely diagnosis was a local relapse of adenocarcinoma of the lung. She was treated with platinum-based chemotherapy and docetaxel and gefitinib. With no evidence of distant metastasis and no efficacy of chemotherapy, right lateral thoracotomy was performed. Pathological examination showed a recurrence of adenocarcinoma of the lung. The patient remains healthy 36 months after the initial diagnosis.

Pulmonary adenocarcinoma with a localised extrapulmonary growth pattern presenting as a localised pleural tumour has not previously been described. Primary lung cancer mimicking pleural neoplasm—"pseudomesotheliomatous carcinoma"—is considered to represent a type of peripheral lung adenocarcinoma with a distinctive diffuse growth pattern.¹ The clinical

Learning points

- Pulmonary adenocarcinoma with a localised extrapulmonary growth pattern presenting as a giant localised pleural mass is extremely rare.
- The differential diagnosis of a large localised pleural tumour includes peripheral bronchial carcinoma.
- Even if the pattern of recurrence reveals a localised mass, surgery for recurrence is controversial as there is a possibility of micrometastases, but it may improve survival in highly selected patients with lung cancer.

similarities between the present case and pseudomesotheliomatous carcinoma are the marked extrapulmonary growth and the presence of a small subpleural nodule. Although the pattern of recurrence also showed a localised pleural mass, surgery for metastases can improve survival.

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REFERENCE

- 1 Harwood TR, Gracey DR, Yokoo H. Pseudomesotheliomatous carcinoma of the lung: a variant of peripheral lung cancer. *Am J Clin Pathol* 1976;65:159-67.

Figure 1 (A) T1-weighted coronal and (B) sagittal MR images showing a heterogeneous mass in the right lower hemithorax (curved arrows) associated with compression and displacement of the right lower lobe (straight arrow) and right hemidiaphragm.

Figure 2 (A) Gross pathological specimen showing a yellowish encapsulated mass attached with a pedicle to the visceral pleura (arrow). (B) Histological section showing poorly differentiated adenocarcinoma.