What is your diagnosis?

Distribution. Bronchoscopy and thoracentesis were non-diagnostic. There was also bilateral airspace opacification in a bronchocentric lung, particularly along the mediastinal aspect (fig 1). There was mild hypoxia on exertion.

dyspnoea and an abnormal chest radiograph. A course of erythromycin was unhelpful. Further details of her history did not suggest an aetiology. Physical examination showed only mild hypoxia on exertion.

A high-resolution chest CT scan was performed, revealing a left apical and hilar mass extending posteriorly to encase the lung, particularly along the mediastinal aspect (fig 1). There was also bilateral airspace opacification in a bronchocentric distribution. Bronchoscopy and thoracentesis were non-diagnostic.

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This case was submitted by:

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doi: 10.1136/thx.2007.084806

Figure 1 Coronal CT scan of the chest showing ground glass and dense airspace opacification in a bronchocentric distribution throughout both lungs. There is also left hilar enlargement and multiple pleural masses.

PULMONARY PUZZLE

A pleural mass with pulmonary infiltrates

Clinical presentation

A healthy 34-year-old woman had a 1-month history of dyspnoea and an abnormal chest radiograph. A course of erythromycin was unhelpful. Further details of her history did not suggest an aetiology. Physical examination showed only mild hypoxia on exertion.

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