Unexpected identification of bilateral masses in an asymptomatic heavy smoker

A 47-year-old male heavy smoker who was an ex-intravenous drugs user presented with gallstones; a preoperative chest radiograph showed hazy opacity in the right lower lobe. Chest CT revealed in the lower posterior lobes two almost symmetrical areas of consolidation with fat attenuation values (~50 Hounsfield units, figure 1). A broncholaveolar lavage did not provide pathological findings. A transthoracic core needle biopsy showed the pattern of chronic exogenous lipoid pneumonia, with numerous lipid-laden macrophages (figure 2). Upon further investigation, the patient revealed that he had been taking 200 ml of mineral oil daily for 5 years to treat chronic constipation related to methadone treatment.

Figure 1 CT scan of the chest with the lung window showing two almost symmetrical areas of consolidation in the lower posterior lobes; surrounding parenchyma was characterised by ground-glass opacities with interlobular septal thickening, suggesting a ‘crazy-paving’ pattern.

Learning points
- Lipoid pneumonia can be totally asymptomatic even in heavy smokers and even when lipid masses are considerable in size.  
- Although the diagnosis of lipoid pneumonia is uncommon, it still needs to be considered in adults without anatomical abnormalities predisposing to aspiration.  
- The finding of a lung mass surrounded by a crazy-paving pattern on chest CT with density values indicating the presence of fat tissue (Hounsfield units within the ~60 to +10 range) should trigger minimally invasive biotic techniques that may be diagnostic, avoiding surgical approaches.  
- Triggers for exogenous lipoid pneumonia are usually not recognised as risk factors by patients and as such are not reported.

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