



[PICTURES IN CLINICAL MEDICINE]

Small Cell Lung Cancer with Bizarre Radiographic Findings

Masahiro Yamasaki¹, Masaya Taniwaki¹, Naoko Matsumoto¹ and Noboru Hattori²

Key words: small cell lung cancer, bizarre radiographic findings, bronchovascular bundles, [¹⁸F]-fluorodeoxyglucose positron emission tomography

(Intern Med 57: 3493-3494, 2018) (DOI: 10.2169/internalmedicine.1193-18)





A 66-year-old woman with a 36-pack-year smoking history presented to our hospital with dyspnea and a performance status of 2. Chest radiography (Picture 1A) and computed tomography (Picture 1B) revealed thickening of the bronchovascular bundles in the right lung. [¹⁸F]-fluorodeoxyglucose positron emission tomography showed a high uptake in the lesion sites (Picture 1C and D). A bron-

choscopic examination showed marked stenosis in the right upper bronchus; however, the bronchial epithelium was retained (Picture 2A). Small-cell lung cancer (SCLC) was confirmed by a histopathological examination of the transbronchial biopsy specimen (Picture 2B). After treatment with carboplatin and etoposide, the patient's symptoms and radiographic abnormalities improved.

¹Department of Respiratory Disease, Hiroshima Red Cross Hospital & Atomic-bomb Survivors Hospital, Japan and ²Department of Molecular and Internal Medicine, Institute of Biomedical & Health Sciences, Hiroshima University, Japan

Received: March 15, 2018; Accepted: April 19, 2018; Advance Publication by J-STAGE: July 6, 2018

Correspondence to Dr. Masahiro Yamasaki, myamasanjp@yahoo.co.jp





Early-phase SCLC tends to progress concurrently in the bronchial submucosa and along the bronchovascular bundles, retaining the bronchial epithelia (1). Thus, pulmonary atelectasis arises less frequently in patients with SCLC (2). This advanced case retained the characteristics of earlyphase SCLC, leading to the bizarre radiographic findings. The pathological mechanism found in this case has been described in Japanese textbooks; the first textbook to describe this mechanism was published 40 years before this report.

The authors state that they have no Conflict of Interest (COI).

References

- Junker K, Wiethege T, Müller KM. Pathology of small-cell lung cancer. J Cancer Res Clin Oncol 126: 361-368, 2000.
- Kazawa N, Kitaichi M, Hiraoka M, et al. Small cell lung carcinoma: eight types of extension and spread on computed tomography. J Comput Assist Tomogr 30: 653-661, 2006.

The Internal Medicine is an Open Access journal distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (https://creativecommons.org/licenses/by-nc-nd/4.0/).

© 2018 The Japanese Society of Internal Medicine Intern Med 57: 3493-3494, 2018