Cavitary Pulmonary Metastases and Aspergillosis: An Autopsy Case

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Key words: cavitary pulmonary metastases, pulmonary aspergillosis, Aspergillus empyema

A 54-year-old man was admitted to our hospital due to exertional dyspnea. Chest radiography and CT revealed a large, thick-walled cavitary mass and a hydropneumothorax in the right lung in addition to a right hilar tumor and multiple small, thin-walled cavitary nodules (Picture 1). A transbronchial direct vision biopsy of the stenotic lesion of the right bronchus truncus intermedius revealed squamous cell carcinoma. The pleural effusion yielded Aspergillus fumiga-
The patient died despite all efforts, and an autopsy revealed squamous cell carcinoma in the right hilar tumor and multiple, thin-walled cavitary nodules (Picture 2). However, the thick-walled cavitary mass exhibited no malignant findings, and proliferation of *Aspergillus* hyphae was observed within the cavity lumen without hyphal invasion into the lung parenchyma (Picture 3). Therefore, the patient was diagnosed with chronic cavitary pulmonary aspergillosis and *Aspergillus* empyema as a complicating disease.

Cavitary pulmonary metastasis of squamous cell lung carcinoma is uncommon (1). The present patient was immunocompromised due to advanced lung cancer; therefore, *Aspergillus* infection in a preexisting cavity may have led to the patient’s deteriorated condition (2).

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

Acknowledgement

We would like to thank Dr. Kuniko Abe and Dr. Junji Irie for performing the autopsy and pathological examination.

References


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