Lung Adenocarcinoma Presenting with Diffuse Multiloculated Cystic Lesions

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A 49-year-old Filipino shipman developed a cough three months before admission and gradually presented with dyspnea during a voyage. He was transferred to our hospital due to deteriorating dyspnea in spite of intravenous antibiotic therapy. On admission, he had chest and back pain. A chest roentgenogram showed diffuse reticular shadows bilaterally (Picture A), while computed tomography demonstrated multiloculated cystic lesions throughout the entire lungs (Picture B). We initially suspected an infectious disease, such as Pneumocystis jirovecii pneumonia; however, the cytology of the bronchoalveolar lavage fluid and an increased level of serum carcinoembryonic antigen of 85.0 ng/mL suggested a diagnosis of lung adenocarcinoma. No mutations in the epidermal growth factor receptor gene were found. No other metastatic foci were identified. The patient died four weeks after diagnosis. We herein present a case of advanced adenocarcinoma of the lungs with rare imaging findings (1, 2).

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References


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