Hypertrophic Pulmonary Osteoarthropathy in a Patient with Lung Cancer

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A 67-year-old man presented to our emergency department with progressive shortness of breath and body weight loss lasting for two months. A chest radiograph showed a large mass in the left lung (Picture A), and sputum cytology tested positive for adenocarcinoma. In addition, the patient complained of bilateral lower extremity pain, and radiography revealed a periosteal reaction along the right femur (Picture B). A bone scintigram showed a diffuse cortical uptake in the bilateral femur and tibia (Picture C), in line with a diagnosis of hypertrophic pulmonary osteoarthropathy (HPOA). Due to the advanced state of the lung cancer, the patient received palliative chemotherapy and symptomatic pain control.

HPOA is a paraneoplastic manifestation commonly associated with lung cancer (1). It is characterized by clubbing of the fingers, arthritis, pain in the extremities and periostitis of the long bones (2). Periostitis is the hallmark of HPOA, and bone radiography usually reveals symmetric periosteal
reactions, typically involving the bilateral metaphysis and diaphysis of long bones, different from that observed in patients with bone metastasis.

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References