A 77-year-old Japanese female with no relevant medical history presented at our hospital complaining of a two-month history of dyspnea on exertion. Her family history was unremarkable, and she was not a smoker. There were no abnormal physical findings, but laboratory tests revealed a slightly elevated lactic dehydrogenase (LD) level.

A chest X-ray showed a mass lesion in the left middle lung zone (Picture 1). A contrast-enhanced chest computed tomography (CT) scan demonstrated a mass greater than 80 mm in diameter which originated in the pulmonary artery and the left pulmonary vein, and was observed to invade the lower lobe of the left lung (Picture 2). Fluorodeoxyglucose-positron emission tomography showed an accumulation in both the left lung mass and the lesion in the mediastinum, which was distinguishable from pulmonary thrombosis (1) (Picture 3).

Transbronchial biopsies using endobronchial ultrasonography with a guide sheath (EBUS-GS) were performed, and a diagnosis of intimal sarcoma of the pulmonary artery was made based on these findings (2).

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

References


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Picture 1.

Picture 2.

Picture 3.

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