[PICTURES IN CLINICAL MEDICINE]

Diffuse Pulmonary Cysts in Metastatic Angiosarcoma

Takayuki Takimoto^{1,2}, Akio Osa¹, Satomu Morita¹ and Kinya Abe¹

Key words: diffuse cystic lung disease, diffuse pulmonary cyst, metastatic angiosarcoma

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Picture 1.

Picture 2.

Picture 3.

A 60-year-old nonsmoking woman presented with hemoptysis. Chest radiograph showed a diffuse reticulonodular shadow (Picture 1), and thoracic computed tomography demonstrated diffuse thin-walled cysts, with multiple nodular shadows and ground glass opacities, in both lung fields

(Picture 2). Fluorodeoxyglucose (FDG)-positron emission tomography revealed an 8-cm tumor in the left iliac bone (Picture 3), which was histologically diagnosed as angiosarcoma. The uptake of FDG was also observed in multiple lung nodules (Picture 4). Diffuse cystic lung diseases can be

¹Department of Internal Medicine, Toyonaka Municipal Hospital, Japan and ²Department of Internal Medicine, National Hospital Organization Kinki-Chuo Chest Medical Center, Japan

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Correspondence to Dr. Takayuki Takimoto, takimoto.takayuki.ra@mail.hosp.go.jp

Picture 4.

broadly classified according to the underlying etiology as those caused by metastasizing neoplasms, lymphoproliferative disorders, infections, interstitial lung diseases, smoking, and congenital or developmental defects (1). A cystic pulmonary metastasis, as was seen in this case, is a thin-walled, bulla-like lesion with or without nodular lesions (1, 2). Three possible mechanisms underlying cyst formation have been proposed: central necrosis, infiltration by malignant cells of preexisting bullae, and small airway distension through a valve effect caused by malignant cell infiltration.

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

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