Systemic Disseminated Angiosarcoma Showing Thin-walled Cystic Nodules in the Lungs

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A 43-year-old man was admitted because of right-sided pneumothorax, which was refractory; he recovered after pleurodesis. Two months later, left-sided pneumothorax (Picture 1A arrow) with hemothorax and cardiac tamponade with bloody fluid developed. Thin-walled cystic nodules were detected in his bilateral lungs (Picture 1B, 1C), and there was a skin nodule in the anterior chest. Lung, skin, and pericardial biopsies were performed. A pathological examination revealed neoplastic vascular structures (Picture 2 arrow), and immunohistochemical staining revealed positivity for CD31 and CD34 (Picture 2). Consequently, angiosarcoma was diagnosed. F-18 fluorodeoxyglucose (FDG) positron emission tomography-computed tomography suggested an uptake of FDG in his right atrium; thus, a primary lesion was suspected (Picture 3). Echocardiography also suggested a right atrium tumor (Picture 3). He died of...
hemoptysis and respiratory failure just after chemotherapy was started. Angiosarcoma should be considered when refractory pneumothorax with cystic nodules occurs with various hemorrhagic lesions.

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