[PICTURES IN CLINICAL MEDICINE]

Remote recurrence from ovarian cancer mimicking lung cancer

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Picture.

A 50-year-old woman who had undergone primary resection for ovarian cancer pathologically staged as 1C 13 years earlier developed a dry cough. She had completed follow-up without recurrence at 46 years old. Chest computed tomography revealed mass lesions in the right lung and pleural effusion (Picture A-B), and one month of treatment with antibiotic was unsuccessful. Thus, she was referred to our hospital under suspicion of lung cancer. On admission, she required supplementary oxygen. Laboratory tests showed elevated concentrations of cancer antigen 125. Lymphangitic carcinomatosis, rapidly growing masses, and an increase in pleural effusion were noted radiographically (Picture C-D),

whereas extrathoracic lesions were not detected. A pathologic analysis of a transbronchial lung biopsy specimen and pleural effusion revealed adenocarcinoma. Positive immunoreactivity for paired box gene 8 confirmed recurrent ovarian cancer. She was transferred to the gynecology department but unfortunately died before receiving chemotherapy. Recurrent ovarian cancer can have remote manifestations confined to the thorax (1), even after long-term follow-up.

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

Reference

1. Martínez-Jiménez S, Rosado-de-Christenson ML, Walker CM, et al. Imaging features of thoracic metastases from gynecologic neoplasms. *Radiographics* **34**: 1742-1754, 2014.

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