

Clinical Image

Endoluminal Tumoral Implant Like a Complications of Malignant Tumors

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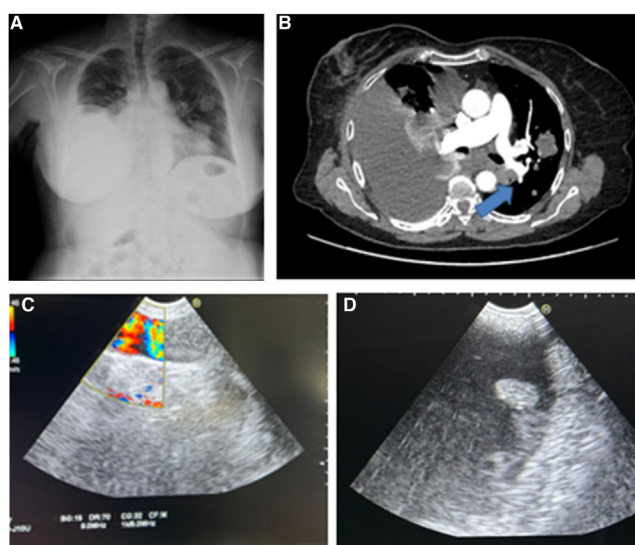


Fig. 1. (A) Postero-lateral chest X-ray showing right pleural effusion along with contralateral nodular images. (B) Axial CT scan of the chest demonstrating pleural effusion along with an adenopathy cluster infiltrating the inferior pulmonary vein (arrow) and contralateral nodule. (C) Doppler ultrasound image at the level of the pulmonary vein showing an endoluminal vascular lesion with Doppler signal around it. (D) Ultrasound image revealing an implant at the level of the left cardiac cavity.

A woman, 72 years old, with a history of breast neoplasia diagnosed a year ago, treated with surgery, chemotherapy, and radiotherapy, presented to the Emergency Department with symptoms of dyspnea evolving over a few weeks. Chest X-ray showed a pleural effusion with nodular images resembling balloon releases (Fig. 1A). Further evaluation with chest computed tomography (CT) revealed mediastinal lymphadenopathy with infiltration of the inferior pulmonary vein (Fig. 1B). Subsequently, diagnostic endobronchial ultrasound (EBUS) was performed, revealing an implant at the level of the inferior pulmonary vein and left atrium (Fig. 1C and D). Anticoagulant therapy was initiated based on these findings. The histological diagnosis was breast carcinoma.

Endovascular complications secondary to tumor processes are common in our clinical practice; however, their locations typically involve the superior vena cava, inferior vena cava, jugular veins, or abdominal vessels, with simultaneous visualization of implants in the pulmonary vein and atrium being nearly non-existent in the literature. This case underscores the necessity of searching for vascular tumor implants in less common locations in oncology patients¹.

Reference

1. Xiao L, Tong JJ, Shen J. Endoluminal treatment for venous vascular complications of malignant tumors. *Exp Ther Med.* 2012;4:323–8.

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