

Clinical Image

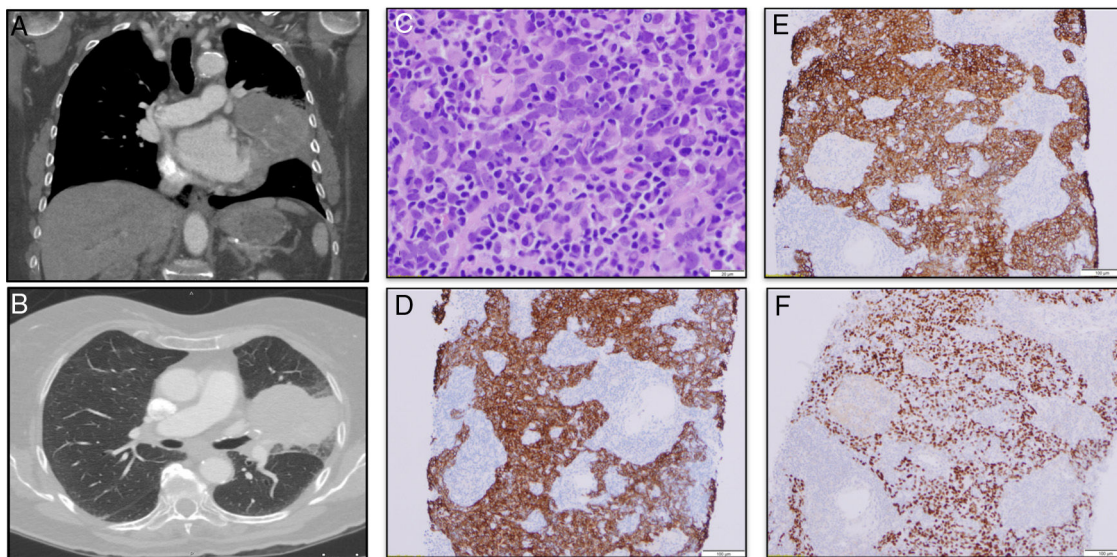
88-Year-Old Woman With an Incidental Lung Mass

Mujer de 88 años con una masa pulmonar incidental

Oriana Salamo<sup>a,\*</sup>, Sujith V. Cherian<sup>b</sup>, Rosa M. Estrada-Y-Martin<sup>b</sup>

<sup>a</sup> University of Texas Health Science Center at Houston, Department of Internal Medicine, Houston, TX, USA

<sup>b</sup> University of Texas Health Science Center at Houston, Department of Pulmonary, Critical Care and Sleep Medicine, Houston, TX, USA



**Fig. 1.** (A, B) 6.4 cm heterogenous mass replacing the lingula with large endobronchial component. (C) Hematoxylin and eosin-stained section of lung (400 $\times$ ). (D) Tumor cells with positive CK5/6 staining (100 $\times$ ). (E) Neoplastic cells with positive staining for pancytokeratin AE1/AE3 (100 $\times$ ). (F) Neoplastic cells P40 positive (100 $\times$ ).

A 88-year-old woman was referred to the pulmonary clinic for evaluation of a asymptomatic left lung mass which was incidentally found on chest radiographs. CT scan of the thorax showed a 6.4 cm mass, and additional PET scan failed to reveal metastatic disease. An endobronchial ultrasound guided-biopsy was performed, and pathology showed neoplastic cells with large nuclei arranged in nests, with positive staining for pancytokeratin AE1/AE3, CK5/6, P40 and EBER-in situ hybridization, ultimately favoring the diagnosis of *Epstein-Barr virus positive lymphoepithelioma-like carcinoma* (PLELC) instead of squamous cell carcinoma of the lung (Fig. 1). Further tests revealed a low pulmonary reserve, and given her age, lack of symptoms and the size of the primary lesion, a decision for “watchful waiting” with frequent surveillance imaging was made.

PLELC is a rare type of non-small cell lung cancer associated with Epstein-Barr; has been mostly described in young non-smoker

Asians accounting for only 0.9% of primary lung malignancies.<sup>1</sup> Noticeably, 35% of the patients are asymptomatic when the tumor is incidentally found. Unfortunately, there is no standard treatment for PLELC at this time due to its rarity, but overall, patients have a significantly better prognosis when compared to other lung malignancies.<sup>2</sup>

#### Conflict of Interests

The authors declare no actual or potential conflict of interests.

#### References

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\* Corresponding author.  
E-mail address: [oriana.k.salamocolletti@uth.tmc.edu](mailto:oriana.k.salamocolletti@uth.tmc.edu) (O. Salamo).