

Clinical Image

Spontaneous Tumor Expectoration in Primary Pulmonary Malignant Mesenchymal Neoplasia



Yener Aydin^{a,*}, Elif Yilmazel Ucar^b, Sevilay Ozmen^c

^a Department of Thoracic Surgery, Ataturk University, Medical Faculty, Erzurum, Turkey

^b Department of Pulmonary Diseases, Ataturk University, Medical Faculty, Erzurum, Turkey

^c Department of Pathology, Ataturk University, Medical Faculty, Erzurum, Turkey

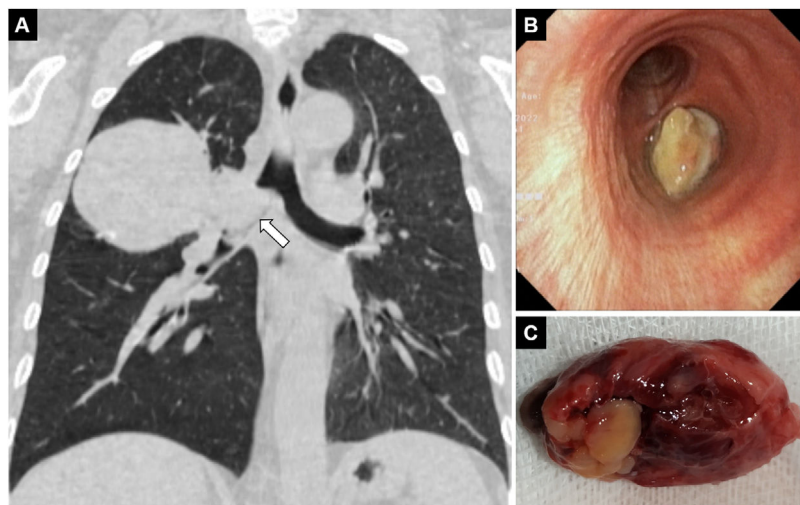


Fig. 1. Coronal thoracic CT section (A) shows a 110 mm × 80 mm solid mass lesion located in the right hilar and invading the main bronchus (arrow). Flexible bronchoscopy shows a polypoid type endobronchial lesion protruding from the right main bronchus entrance to the trachea (B). Spontaneously expectorated tumor tissue of 33 mm × 20 mm × 14 mm is seen macroscopically (C).

A 53-year-old woman presented with chest pain and progressive dyspnea. Thoracic computed tomography showed a large mass lesion in the right hilar region (Fig. 1A). Flexible bronchoscopy revealed a polypoid lesion protruding from the right main bronchus entrance to the trachea (Fig. 1B). The patient presented 20 days after bronchoscopy with cough and expectoration of a tumor larger than 3 cm and reported relief from respiratory distress (Fig. 1C). Histopathological examination was reported as pulmonary malignant mesenchymal neoplasia.

Spontaneous tumor expectoration is a rare presentation in patients with endobronchial or tracheal tumors. Tumor expectoration can also be seen due to primary lung cancer or endobronchial tumor metastasis.^{1,2} Although there are some cases of tumor expectoration reported in the literature, tissue expectoration larger than 3 cm is a very rare condition.

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Conflict of interest

The authors declare that they have no conflict of interest to the publication of this article.

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* Corresponding author.
E-mail address: dryeneraydin@hotmail.com (Y. Aydin).