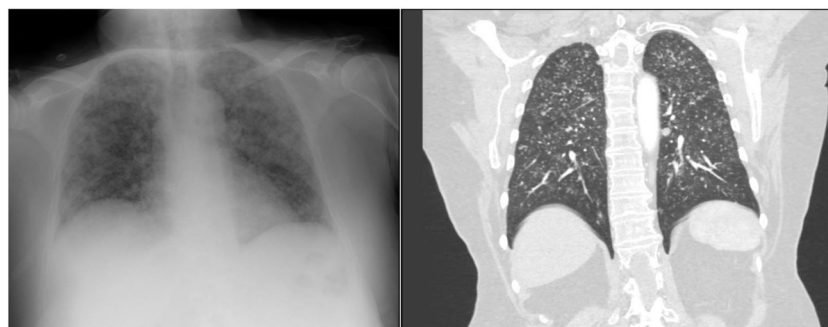


## Clinical Image

# Micronodular Lung Infiltration as a Manifestation of Metastatic Melanoma

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**Fig. 1.** Chest X-ray (left) and coronal section of CT (right) image showing randomly distributed pulmonary micronodules in both fields.

A 64-year-old female patient incomed into our Respiratory Ward with dyspnea, pleuritic chest pain and two black skin lesions on the right cheek and occipital region of recent development. Chest X-ray and computed tomography (CT) showed randomly distributed pulmonary micronodules in both fields (Fig. 1), with post-primary tuberculosis with bronchogenic dissemination as first diagnostic option.

Bronchoscopy was performed with no microbiological findings and negative cytopathology for malignant cells so the patient underwent to rigid bronchoscopy with cryoprobe lung biopsy that showed bronchial and interstitial lung infiltration by malignant melanoma from metastatic origin probability. Biopsies of the skin lesions revealed superficial spreading melanoma with infiltration of the reticular dermis.

Lung metastases of malignant melanoma present different morphological patterns, being the most common the “solid pattern”.<sup>1</sup> The case we present seems to be a very rare condition because the micronodular lung affectation pattern, as in our case, has been reported formerly only in an 8 patients serie in 1977 (to our knowledge).<sup>2</sup>

Metastatic dissemination of cutaneous melanoma can be located in the skin, subcutaneous tissues, locoregional lymph, lymph nodes and distant organs or structures, being the lung the most frequently affected organ<sup>3</sup> but usually not in the way of our patient.

### Conflict of interests

The authors state that they have no conflict of interests.

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