

Clinical Image

An Example of Difficulty in Diagnosing and Treating Lung Sarcoma[☆]



Ilustramos la dificultad en el diagnóstico y tratamiento del sarcoma pulmonar

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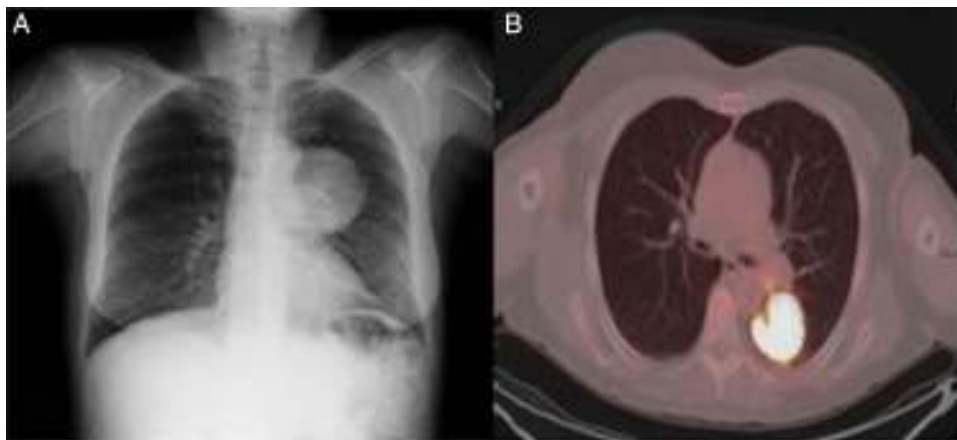


Fig. 1. (A) Chest X-ray: left paracardiac mass. (B) Positron emission tomography; left lower mass with marked increase in glucidic metabolism, in contact with the posterior pleura, paravertebral space and oblique fissure.

A 59-year-old woman with a significant smoking history presented with cough. Chest X-ray revealed a 4 cm pulmonary mass in the left hemithorax. The examination was completed with a positron emission tomography, which confirmed uptake in this region and ruled out secondary involvement (cT2cN0) (Fig. 1); bronchoscopy, which was normal; and computed tomography (CT)-guided fine needle aspiration. Pathology results were indicative of non-small cell lung cancer. In view of these findings, surgery involving left pneumonectomy and hilar-mediastinal lymphadenectomy was planned. Definitive histology results showed a pleomorphic sarcomatoid carcinoma with areas of squamous differentiation.

Sarcoma of the lung is an uncommon neoplasm (0.5%–1%). It can be difficult to diagnose since it presents certain similarities to

lung cancer, although it progresses more slowly.¹ An additional problem is the difficulty in reaching a diagnosis from a biopsy specimen, since the heterogeneous nature of these tumors means that they are often incorrectly diagnosed as squamous cell carcinoma, resulting in the application of an inappropriate treatment plan.²

References

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