A 45-year-old man was admitted to the pulmonology department with a 2-week history of cough, sputum, hemoptysis and pleuritic chest pain on the right side. He reported anorexia, weight loss of about 6 kg and excessive night sweating for the previous 2 months. For several months he had had recurrent episodes of dysuria, pollakiuria, nocturia and bilateral lumbar pain radiating to the groin. On physical examination, there were slightly decreased breath sounds in the right lung base and slight right flank pain on deep palpation. Chest X-ray (Fig. 1) revealed a rounded opacity in the right lung base, and thoracoabdominal computed tomography (CT) (Fig. 1) confirmed the presence of a large abdominal mass invading the thorax (see figure legend). Pathological examination of the lesion revealed poorly differentiated carcinoma of apparently urothelial origin. The patient started chemotherapy, but died about 8 months later due to disease progression.

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Conflict of Interests

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