

Clinical Image

Intrapleural Foreign Body Simulating Lung Metastasis

Marco Patricio Bravo Mendoza^{a,*}, Natalia Estrada Mallarino^b,
Pablo Andrés Ordóñez Lozano^a

^a Department of Thoracic Surgery, Miguel Servet University Hospital, P^o Isabel La Católica, 1-3, 50009 Zaragoza, Spain

^b Department of Pathological Anatomy, Miguel Servet University Hospital, P^o Isabel La Católica, 1-3, 50009 Zaragoza, Spain

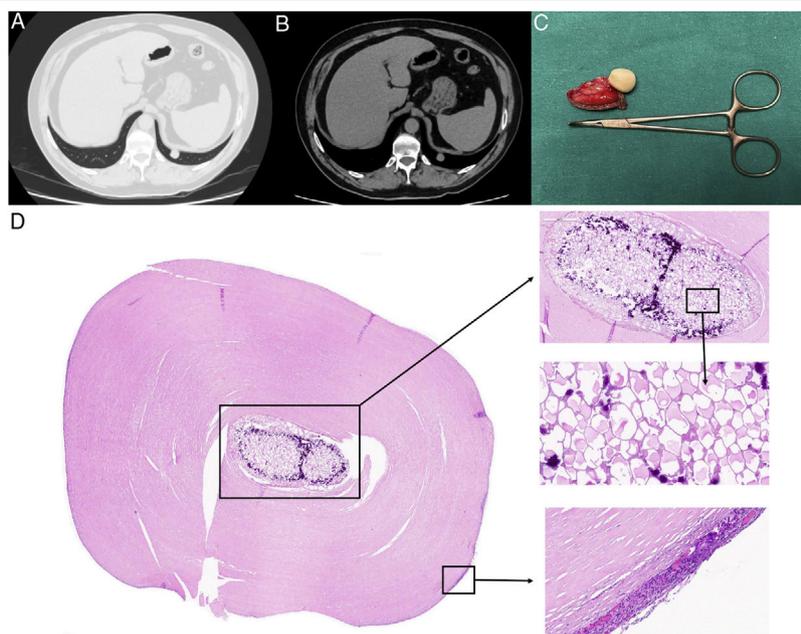


Fig. 1. (A) Axial CT section at T12 level in parenchyma window; (B) soft tissue window; (C) lung resection piece; (D) hyalinizing granuloma. In the center of the image, a foreign body (FB) of probable plant origin is observed, with calcified foci, encompassed by abundant fibrocollagenous tissue arranged in a laminar manner around it. In the periphery of the lesion, dilation of vascular spaces is identified, as well as a slight inflammatory reaction with the presence of lymphocytes and plasma cells.

A 59-year-old patient, with a history of right radical nephrectomy for clear cell renal cell carcinoma, presents in a control computed tomography (CT) scan (Fig. 1), a 14 mm nodule in the posterior segment of the left lower lobe, not visible on previous CT scan, suspicious for lung metastasis.

Wedge resection of the nodule is performed using video-assisted thoracoscopic surgery (VATS). The pathological anatomy result reports a hyalinizing granuloma, which includes material of probable plant origin (possible aspiration).

Intrathoracic foreign body (FB) are rare, but are usually present as a consequence of penetrating trauma or aspiration. Most of these FB occur in the bronchi, lungs, or esophagus, and there are few reports of intracardiac or intrapleural FB,¹ as in this case.

The inflammatory response of the pleural space, to the stimulation of the FB, generates the formation of a hyalinizing granuloma,² which in our case manifested as a pulmonary nodule, suggestive of metastasis.

Conflict of Interest

The authors declare that they have no conflict of interest related directly or indirectly to the contents of the manuscript.

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* Corresponding author.

E-mail address: patricio.b93@hotmail.com (M.P. Bravo Mendoza).