

Clinical Image

Cystic Adenocarcinoma of the Lung[☆]

Adenocarcinoma pulmonar quístico

Israel Rodríguez Alvarado, Maite Goicoechea Irigaray, M. Teresa Gómez Hernández*

Departamento de Cirugía Torácica, Hospital Universitario de Salamanca, Salamanca, Spain

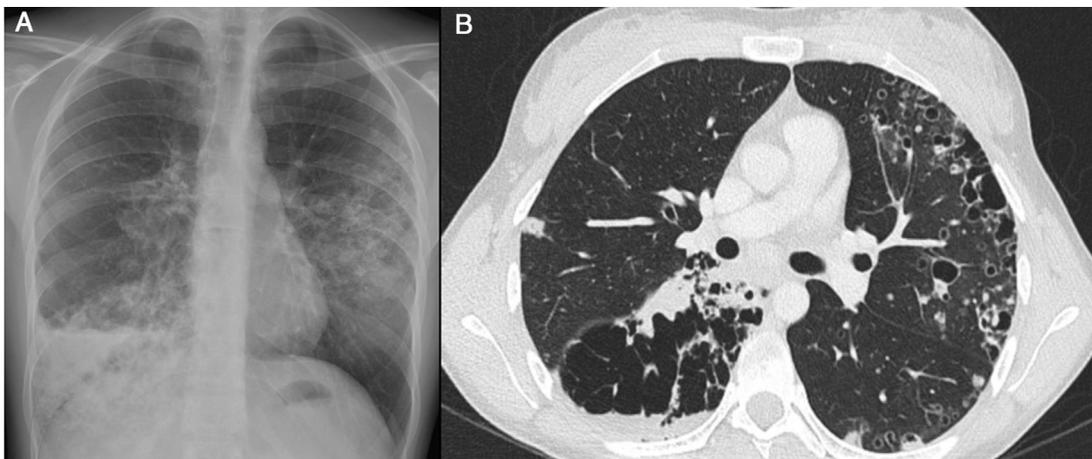


Fig. 1. Chest X-ray: parenchymal consolidation with peribronchial distribution involving the RLL, the posterior segment of the right upper lobe, and the lingula. (A) Image of thin-walled cysts and air-fluid level in RLL. (B) Chest CT scan: solid and cystic nodular lesions of irregular appearance with bilateral peripheral distribution and area of consolidation with cystic image, with multiple septae and air-fluid level in right lower lung.

A 24-year-old woman, with no significant medical history, consulted for a 6-month history of cough and dyspnea. Chest X-ray showed bilateral areas of peribronchovascular interstitial thickening and a cystic image in the right lower lobe (RLL) (Fig. 1A). Computed tomography (CT) of the chest showed solid and cystic nodular lesions with bilateral peripheral distribution and an area of consolidation with a septated cystic appearance and air-fluid level in the RLL (Fig. 1B). Radiological findings ruled out cystic lung disease, such as congenital cystic adenomatoid malformation (CAM), and an initial diagnosis of an atypical lung infection was suggested. However, the patient failed to respond to antibiotic therapy, so transthoracic lung biopsy of the RLL was performed. The result was inconclusive, so a surgical biopsy of the lingula was performed by video-assisted thoracoscopy. The pathological study

showed primary lung adenocarcinoma with a micropapillary and tubulopapillary growth pattern and high proliferative index.

A multiloculated cystic presentation is extremely rare in adenocarcinoma.¹ However, cases of CAM with subsequent malignant transformation have been reported, so lung cancer must be considered if late presentation of CAM is encountered in adults.²

References

1. Yoshida T, Harada T, Fuke S, Konishi J, Yamazaki K, Kaji M, et al. Lung adenocarcinoma presenting with enlarged and multiloculated cystic lesions over 2 years. *Respir Care.* 2004;49:1522–4.
2. Hasegawa M, Sakai F, Arimura K, Katsura H, Koh E, Sekine Y, et al. EGFR mutation of adenocarcinoma in congenital cystic adenomatoid malformation/congenital pulmonary airway malformation: a case report. *Jpn J Clin Oncol.* 2014;44:278–81.

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* Corresponding author.

E-mail address: mteresa.gomez.hernandez@gmail.com (M.T. Gómez Hernández).