

Clinical Image

An Unusual Cause for Hemoptysis[☆]

Una causa inusual de hemoptisis

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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

The authors declare that there is no conflict of interests.



Fig. 1. (A and B) Chest X-ray (posteroanterior and lateral aspects, respectively) revealing a rounded opacity in the right lung base. (C) Thoracoabdominal CT (coronal plane) showing a large abdominal mass of about 13 cm × 11 cm × 8.3 cm, apparently originating in the right kidney, invading the right lobe of the liver, the diaphragm and the lower lobe of the right lung (red arrow).

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