Clinical Image

Atypical Lung Metastasis

Metástasis pulmonar atípica

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We report the case of a 29-year-old man presenting with palpation of an indurated mass in the right testicle. An ultrasonography was performed, revealing a pseudonodular change in testicular echostructure, compatible with testicular tumor disease (arrows, Fig. 1A). The examination was completed with a chest and abdomen computed tomography (CT) scan, showing a single pulmonary nodule in the right upper lobe, with a peripheral ground-glass halo compatible with hemorrhagic metastasis (Fig. 1B and C). The patient underwent orchiectomy and the histological examination showed anaplastic seminoma with a choriocarcinoma component.

The halo sign on the CT is an unspecific sign associated with disease entities such as aspergillosis, candidiasis, tuberculoma with symptoms of hemoptysis, lymphoma or bronchoalveolar carcinoma.1 This is evidenced on CT by a dense nodule with a peripheral ground-glass halo.2 Angiosarcomas and choriocarcinomas, as in the case described here, are the tumors that most frequently produce this sign.

Conflict of Interest

The authors state that they have no conflict of interests.

References


Fig. 1.