Clinical Image

An Example of Difficulty in Diagnosing and Treating Lung Sarcoma

Ilustramos la dificultad en el diagnóstico y tratamiento del sarcoma pulmonar

Laura Quintana Cortés, a,∗ Patricia Cruz Castellanos, b Javier de Castro Carpeño b

a Servicio de Oncología Médica, Hospital San Pedro de Alcántara, Cáceres, Spain
b Servicio de Oncología Médica, Hospital Universitario La Paz, Madrid, Spain

A 59-year-old woman with a significant smoking history presented with cough. Chest X-ray revealed a 4 cm pulmonary mass in the left hemithorax. The examination was completed with a positron emission tomography, which confirmed uptake in this region and ruled out secondary involvement (cT2cN0) (Fig. 1); bronchoscopy, which was normal; and computed tomography (CT)-guided fine needle aspiration. Pathology results were indicative of non-small cell lung cancer. In view of these findings, surgery involving left pneumonectomy and hilar mediastinal lymphadenectomy was planned. Definitive histology results showed a pleomorphic sarcomatoid carcinoma with areas of squamous differentiation.

Sarcoma of the lung is an uncommon neoplasm (0.5%–1%). It can be difficult to diagnose since it presents certain similarities to lung cancer, although it progresses more slowly.1 An additional problem is the difficulty in reaching a diagnosis from a biopsy specimen, since the heterogeneous nature of these tumors means that they are often incorrectly diagnosed as squamous cell carcinoma, resulting in the application of an inappropriate treatment plan.2

References


Fig. 1. (A) Chest X-ray: left paracardiac mass. (B) Positron emission tomography: left lower mass with marked increase in glucidic metabolism, in contact with the posterior pleura, paravertebral space and oblique fissure.