A Case of Pulmonary Hamartoma Having the Feature of Angiomyolipoma

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Pulmonary hamartoma is the most common benign tumor of lung. However, the cases of pulmonary hamartoma containing mesenchymal tissue are rare. Here, we report a case of pulmonary hamartoma having the feature of angiomyolipoma. A 62-year-old woman presented with dry cough and dyspnea. Chest CT was performed and 0.5 cm sized nodule having cavity was detected. Empirical antibiotics were prescribed for 2 weeks and chest CT was reevaluated. However, the nodule remained stationary and eventually video assisted thoracoscopic biopsy was done. In pathologic specimen, well differentiated fat, muscle, and vascular tissues were observed. However, HMB-45, that is known as specific marker of angiomyolipoma, was not stained. Thus, the patient was diagnosed as pulmonary hamartoma having the feature of angiomyolipoma.

A Case of Pulmonary Angiosarcoma Occurring in the Trunk of Main Pulmonary Artery with Initial Misdiagnosis of Pulmonary Thromboembolism

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Pulmonary angiosarcoma is a rare type of malignant vascular tumor with the incidence of only 3.6% among pulmonary artery sarcoma. The prognosis is usually poor due to invasiveness of the tumor and the fact that it often involves vital structures such as the heart. Moreover, the most common presenting symptom of this tumor is non-specific including dyspnea, chest pain, and/or intermittent hemoptysis. Its rarity and non-specific clinical manifestations make the correct diagnosis by physicians more difficult. In fact, several previous cases were initially diagnosed as pulmonary thromboembolism (PTE) despite the advancement of the imaging tools such as 18-fluorodeoxyglucose positron emission tomography (FDG-PET) and computerized tomography. Given the very poor prognosis and aggressive progression of primary pulmonary angiosarcoma and the completely different therapeutic approach compared to PTE, it is worthy to be emphasized that pulmonary artery angiosarcoma should be included in the differential diagnosis of acute or chronic PTE at initial diagnosis. We herein report a rare case of primary pulmonary angiosarcoma occurring in the trunk of main pulmonary artery in a 74-year-old woman who misdiagnosed as PTE initially. Unfortunately, the tumor showed the rapid progression despite the chemotherapy with doxorubicin and Ifosfamide and the radiotherapy on metastatic bone lesion.

Primary Tracheal Angiosarcoma Mistaken for Thyroid Cancer with Tracheal Invasion

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Head and neck sarcoma occurs 1% of all malignancies while sarcoma originating in trachea is even more rare. Primary tracheal tumors occurs less than 2.6 per 1,000,000 per year and about one-half to two-thirds being squamous cell carcinomas (SCCs). Adenoid cystic carcinomas (ACCs) were the second most common, accounting for about 10 to 15 percent of cases. There has been no more than 20 cases in the medical literature of primary tracheal angiosarcomas. Angiosarcomas are uncommon tumors that arise in subcutaneous tissue of many sites of the body, typically head and neck, or breast. We are reporting a case of an adult female with chronic mild hemoptysis diagnosed with angiosarcoma originating from the trachea.

Dramatic Response of Massive Hepatic Metastasis of Small Cell Lung Cancer Treated with Resuming Chemotherapy

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Background: Even though small cell lung cancer (SCLC) often responds excellently to chemotherapy, decision to deliver chemotherapy in patients with high tumor burden with marginal organ reserve is difficult to make. Case summary: A 57-year-old man presented at our department on April-13, 2014 and complained of abdominal fullness and malaise. Throughout the previous 2 years, he had received regular medical follow up for limited SCLC (Figure 1A&1B), which was treated with IF chemotherapy (irinotecan 60mg/m2 & CDDP 30mg/m2, D1&D8) followed by chemoradiation (Figure1C). He had no history of viral hepatitis, or alcohol abuse. A physical examination revealed jaundice, tense abdomen with shifting dullness and hepatomegaly. Serum chemistry revealed abnormal liver function (AST/ALT 3329/275 IU/L, total bilirubin 3.3mg/dL). An abdominal CT revealed newly developed multiple liver metastases with multiple paraaortic lymph node enlargement and ascites (Figure 2A). On April-16, 2014, the deterioration of liver function was considered to be originated from liver metastasis, we decided to resume IP chemotherapy. After the chemotherapy, his condition became poorer with serum bilirubin spiking up to 20.5mg/dL on April-20. However, his symptoms were gradually alleviated thereafter with improvement of liver function (serum bilirubin 13.9mg/dL, AST/ALT 360/249 IU/L). After completion of a cycle of chemotherapy, he recovered dramatically with disappearance of ascites and peripheral edema with normalization of liver function. Discussion: SCLC is so highly invasive that hepatic metastasis is common, but a rapid progression to hepatic failure is extremely rare. The rapid deterioration of the patient’s condition with diminishing organ reserve may account for the difficulty of administering chemotherapy. This case presents an apparent dramatic response of hepatic failure to the administration of chemotherapy. Hence, we suggest that a prompt administration of appropriate chemotherapy may result in the improvement of acute hepatic failure, and thereby improving survival.