中文題目：卵巢癌病人併肺部囊狀病灶表現

英文題目：Pulmonary cystic lesions in a patient with ovarian cancer

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Case Report

A 65-year-old female presented to our chest outpatient department with a cystic pulmonary lesion when she had a follow-up positron emission tomography–computed tomography (PET-CT). She had a medical history of type 2 diabetes mellitus (DM) and left ovarian cancer. She was diagnosed with ovarian cancer with initial presentation of abdominal pain in 2013. After series examinations, the diagnosis of ovarian cancer, low grade mucinous adenocarcinoma, stage IIIC was made and the initial CA-125 was 102.6 U/ml. She received debulking surgery and adjuvant chemotherapy with carboplatin and paclitaxel. Followed CA-125 was around 7.5-9 U/ml in recent two years. In 2015, followed PET-CT scan showed multiple nodules with cystic change in both lungs (Figure 1A) and there was no obvious increased level of CA-125 (10.3 U/ml) noted. A non-contrast-enhanced computed tomography (CT) scan showed multiple nodular lesions in both lungs, some with cavitation in lower lobes (Figure 1B). She received CT-guide biopsy of pulmonary nodules and the pathologic report showed an adenocarcinoma in lung, the immunohistochemical study reveals positive for PAX8; negative for TTF-1 and ALK-lung. According to previous history, a metastatic tumor of female genital tract is most likely.

Discussion

Ovarian carcinoma metastasizes either by direct extension from the ovarian/fallopian tumor to neighboring organs (bladder/colon) or when cancer cells detach from the primary tumor.[1] Other than the fallopian tube and the contralateral ovary, the most common secondary sites for distant metastasis are the omentum and the peritoneum.[2] Thoracic metastases from ovarian cancer often manifest with small pleural effusions and subtle pleural nodules. Thoracic metastases to the lungs, lymph nodes, and pleura may also exhibit calcification and mimic granulomatous disease. Metastases from common gynecologic malignancies may be subtle and indolent and may mimic benign conditions such as intrapulmonary lymph nodes and remote granulomatous disease. Cystic pulmonary metastases are atypical form on pulmonary metastases where lesions as distinct cystic lesions. Cystic pulmonary metastases have been report with some primary tumor, such as colorectal cancer, endometrial sarcoma, and soft tissue sarcoma. Therefore, clinician should consider the presence of locoregional

disease as well as elevated tumor marker levels when interpreting imaging studies because subtle imaging findings may represent metastatic disease. Positron emission tomography/CT may be helpful in identifying early locoregional and distant tumor spread. [3]

Conclusion:

Pulmonary cystic lesions in a patient with ovarian cancer may mimic benign diseases. Future diagnosis, such as pathology proven is necessary.

Figure

Figure 1A

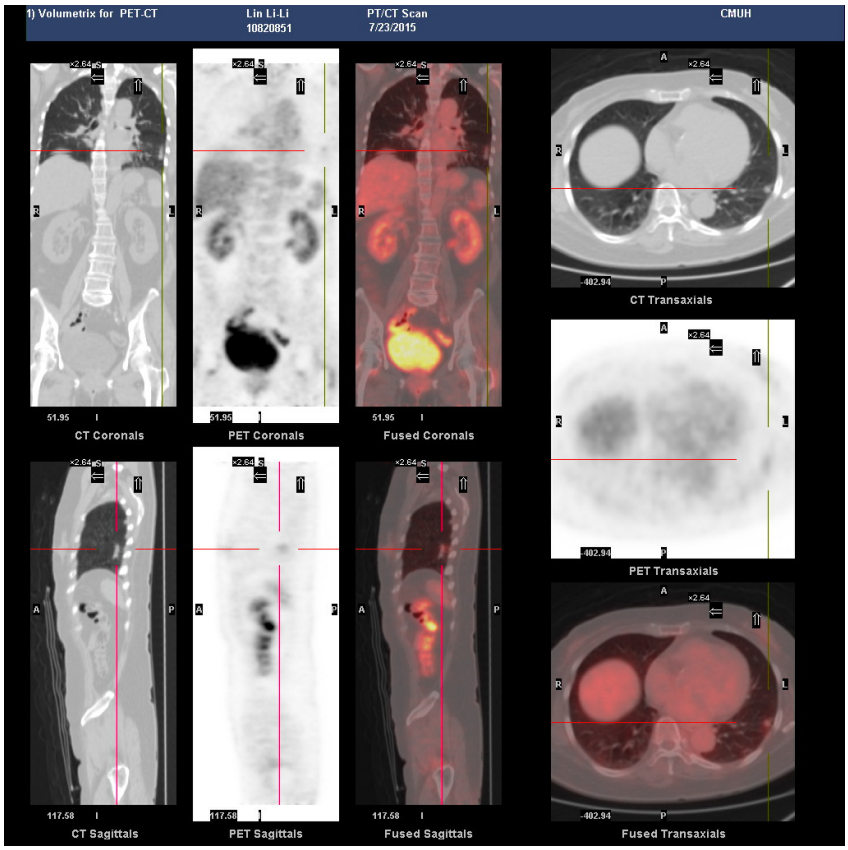

Figure 1B