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Pulmonary Metastasis of Scalp Angiosarcoma Mimicking Fungus Ball: A Case Report

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Introduction: Secondary spontaneous pneumothorax (SSP) develops as a complication of primary lung diseases including COPD, cystic fibrosis, necrotizing pneumonia, primary lung malignancy, and etc. Metastatic lung diseases may also cause SSP, which may be the first sign of metastatic tumors. Herein, to present a case with multiple metastatic lesions of angiosarcoma presenting with pneumothorax is aimed.

Case Presentation: A 72-year-old male patient had undergone surgical treatment followed by adjuvant radiotherapy one year ago with the diagnosis of scalp angiosarcoma. The patient admitted with dyspnea to pulmonology clinic and after his clinical evaluation, he was referred to our clinic for the treatment of pneumothorax. The patient was hospitalized after chest tube insertion. Multiple cystic lesions were found on thorax CT which performed because of the prolonged air leakage and the insufficient lung expansion. Additionally, one of these cavitory lesions was compatible with the fungus ball appearance. Therefore, laboratory tests were planned to evaluate the presence of fungal infection. Since the patient has a history of the neoplastic disease, PET/CT was conducted to evaluate possible metastatic foci. The patient was evaluated in multidisciplinary council and the multiple cystic lesions in the lung accepted as metastatic lesions of scalp angiosarcoma. Fungus ball diagnosis was excluded with negative results of laboratory tests for fungal infection and absence of PET/CT involvement. The fungus ball image was thought to be caused by a resorbed hematoma in the cavity formed by metastases. In the light of these findings, the patient was scheduled for chemotherapy to the medical oncology clinic. Cavitory lesions were regressed in the assessment of the treatment. Although PET/CT is thought to be not useful for cystic lesions, it has provided valuable information to distinguish the resorbed hematoma from the fungus ball in the cavity.

Conclusion: It should be kept in mind that in the patients who have a history of angiosarcoma and multiple cystic lesions in the lungs, the lesions may be metastasis, furthermore, hematoma in the cavities formed by these lesions may mimic the fungus ball.

Keywords: Angiosarcoma, fungus ball, multiple cystic lesions, pneumothorax