

# Interesting Case Conference

7/30/12

# HISTORY

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- 65 year old male
- History of 2008 left lung transplant for life threatening pulmonary fibrosis
  - Explant showed Usual Interstitial Pneumonia
- Persistent cough since March 2012 reminiscent of cough from pulmonary fibrosis prior to transplant
- Cough has gotten worse over last 2 weeks when grandson had a severe cold
- Additional PMH: Squamous cell carcinoma of upper lip
- Medications: Immunosuppressive regimen of Prograf, prednisone, and Myfortic

# CLINICIAN'S DIFFERENTIAL DIAGNOSIS

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- Worsening fibrosis in his native lung
- Atypical infections
- Early and progressive chronic rejection

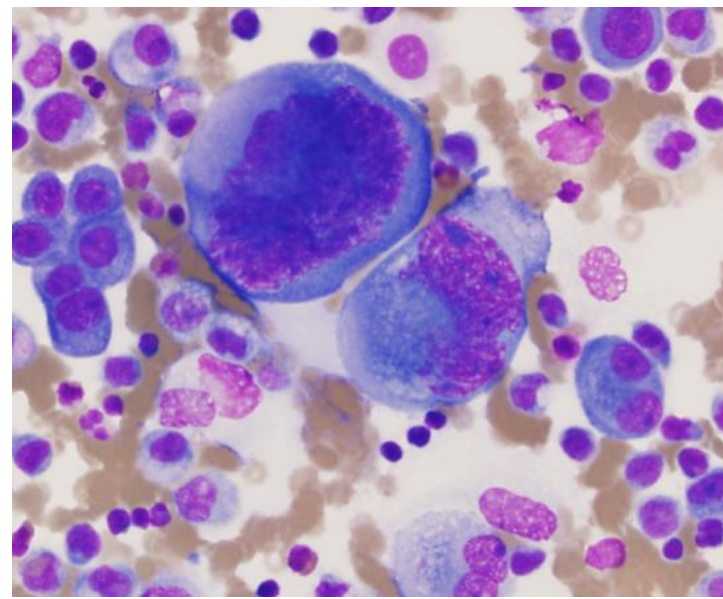
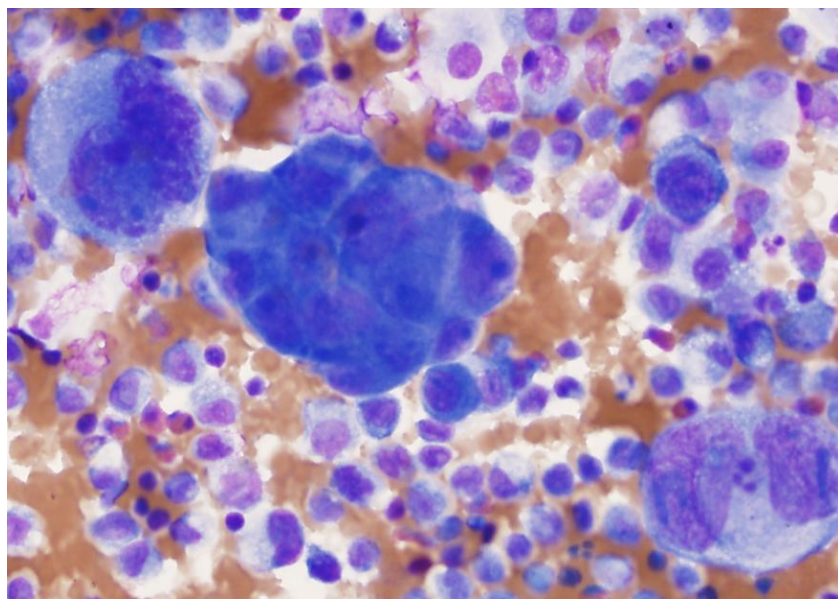
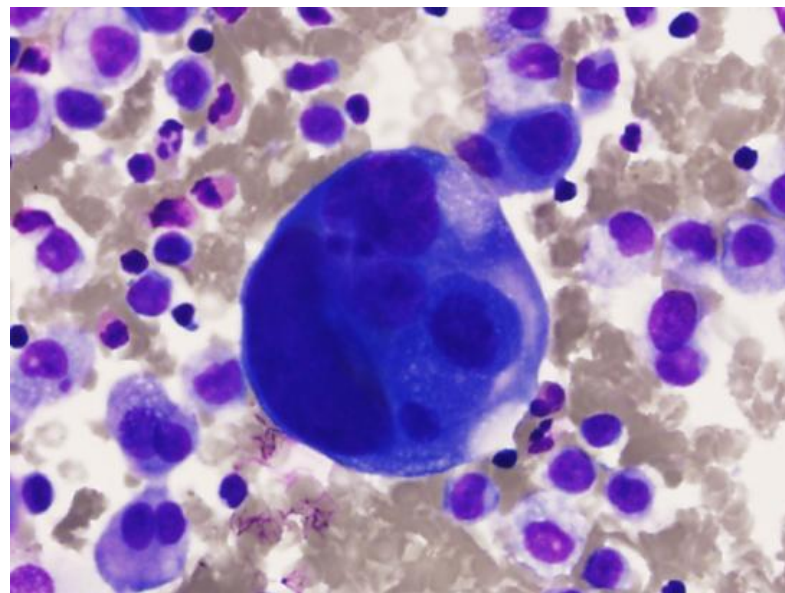
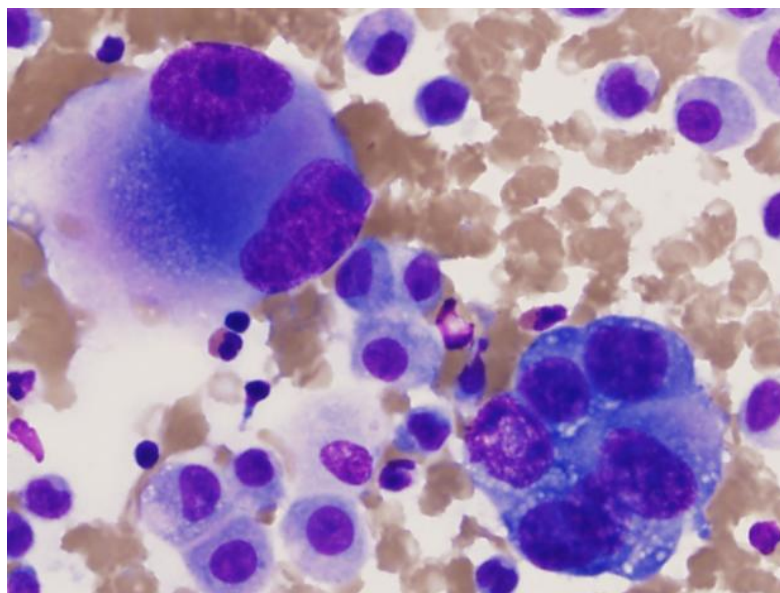
# CT SCAN and PLAN

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- CT thorax without contrast:
  - “Interval development of small to moderate layering right pleural effusion extending into the right major fissure with adjacent atelectasis.
  - Interval development of 13 x 17 mm nodular abnormality at the basal aspect of the right upper lobe with possible central cavitation and new 9 mm nodule in the right upper lobe. These are indeterminate, could be benign versus neoplasm. Short-term follow-up up to 3 months with CT is suggested for further evaluation, as clinically indicated.”
- PLAN: US guided thoracentesis of right pleural effusion

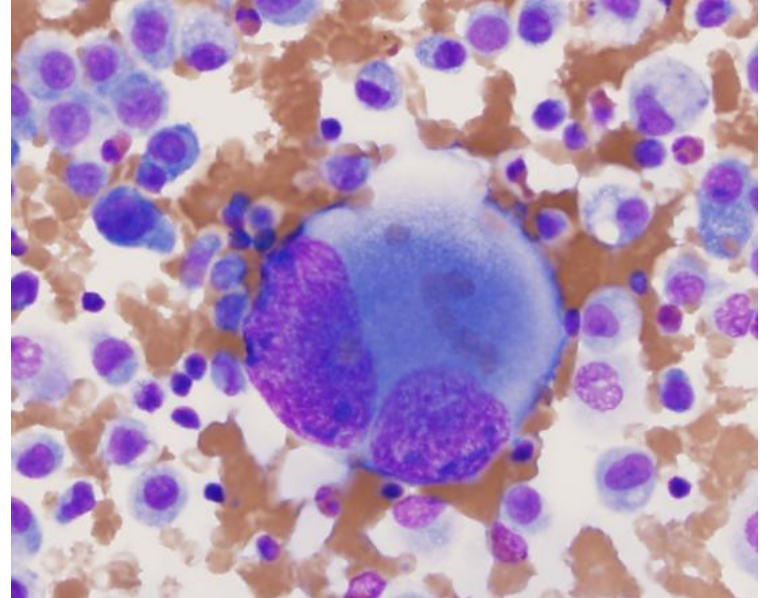
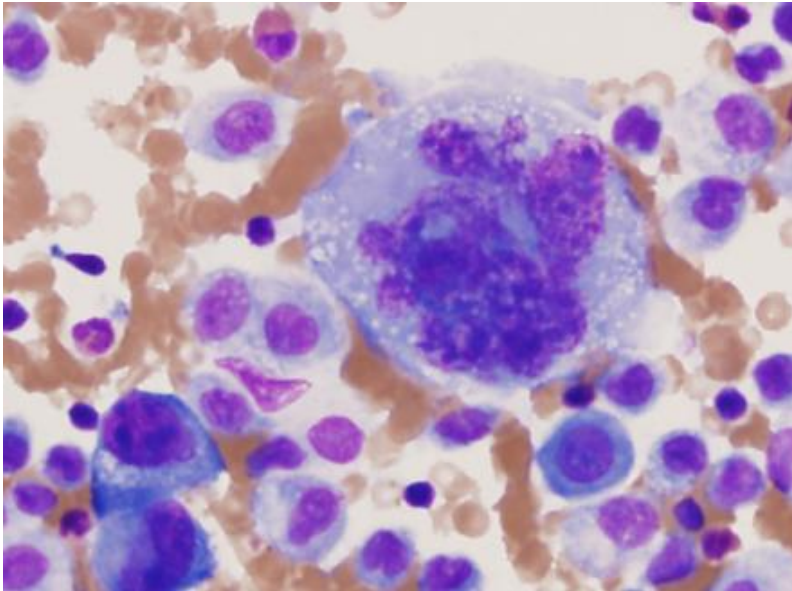
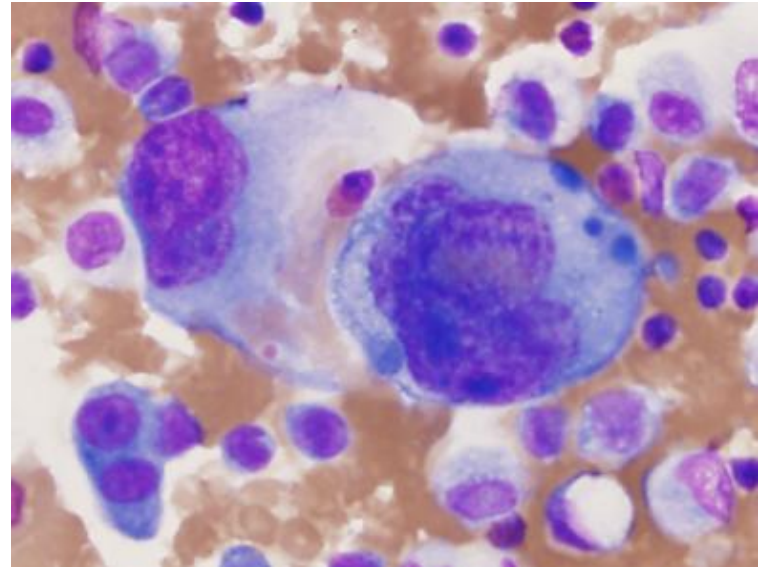
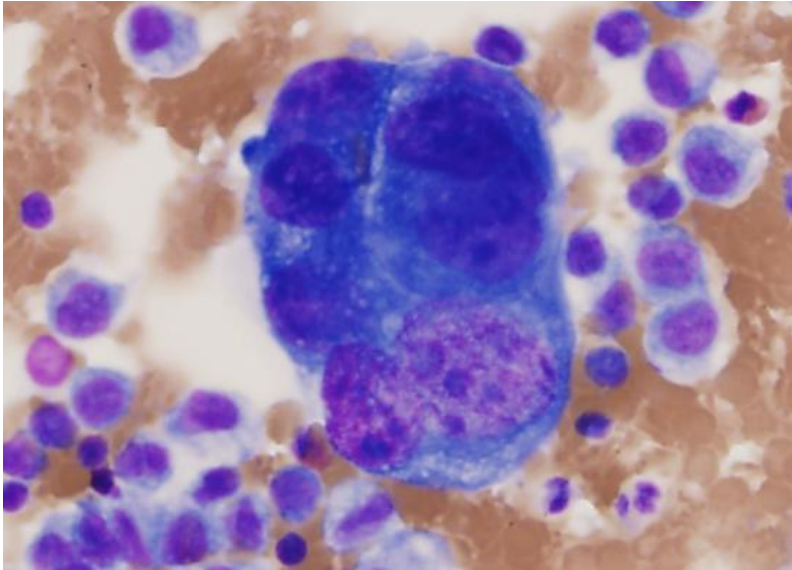
# 350 ml BLOODY PLEURAL FLUID

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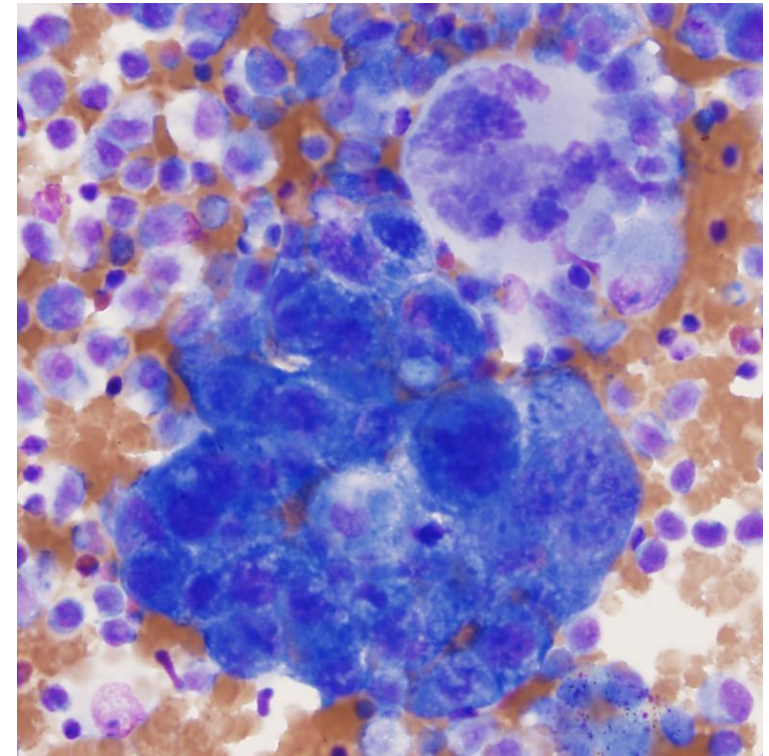
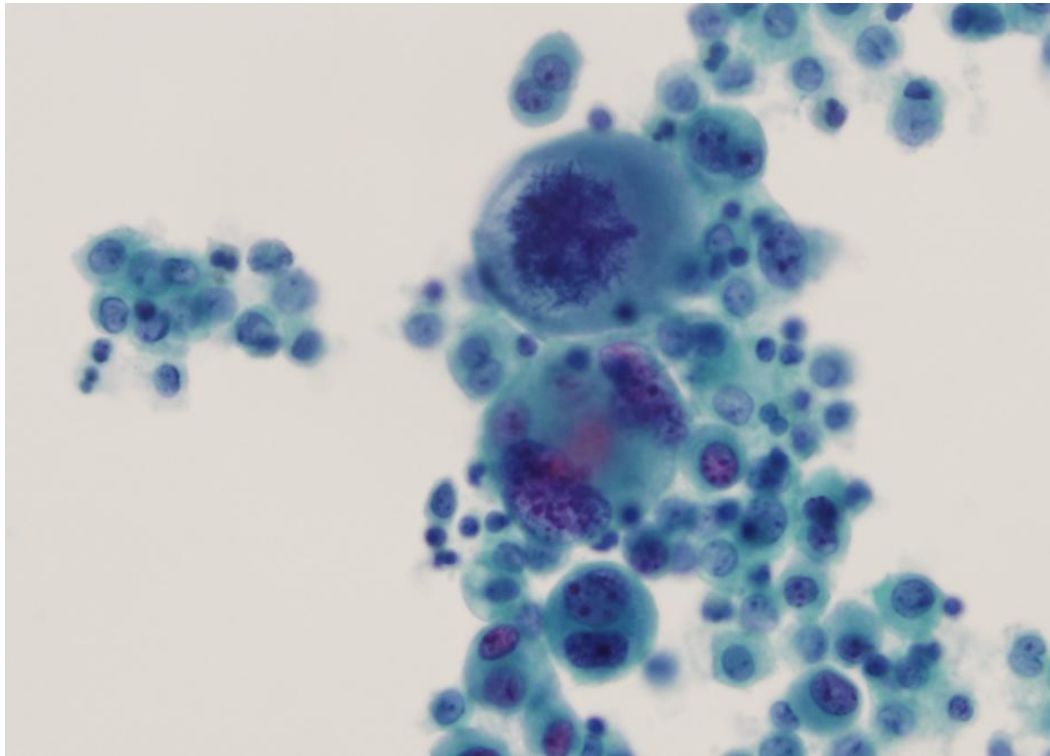
# PLEURAL FLUID

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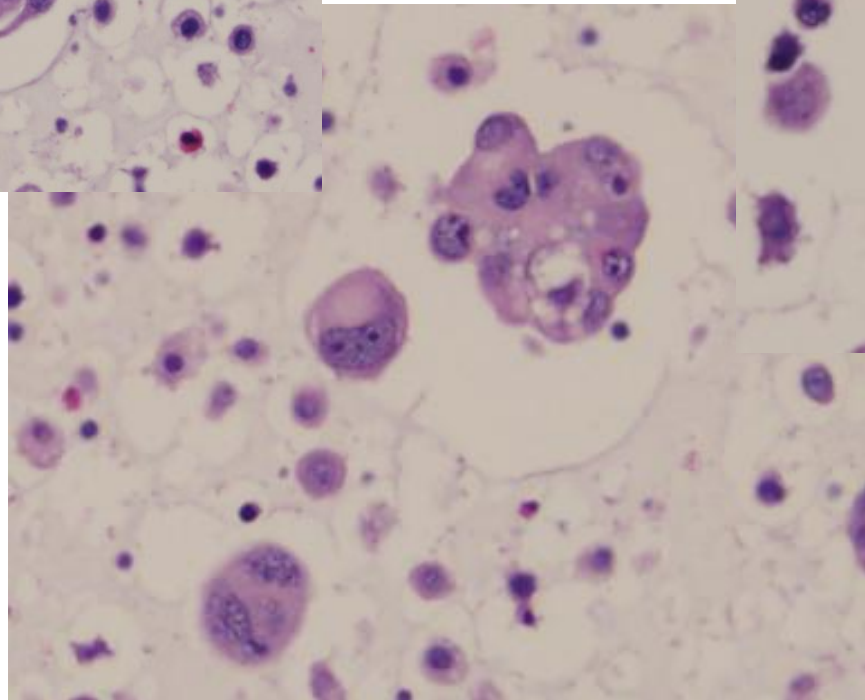
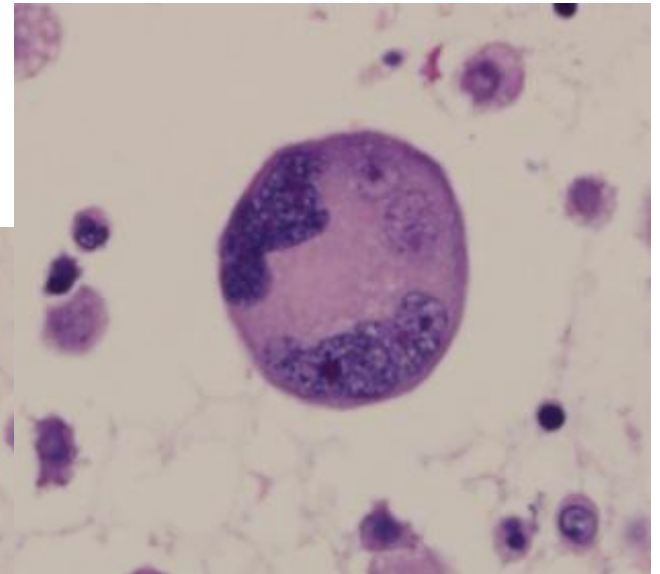
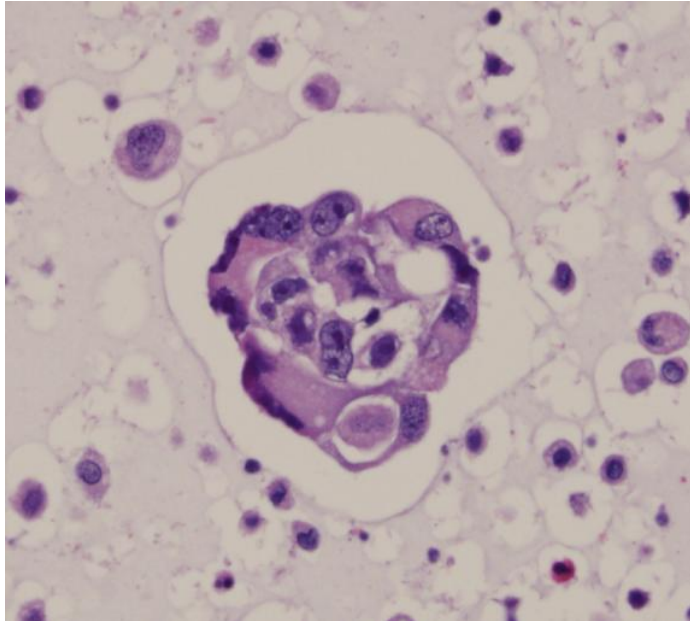
# PLEURAL FLUID

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# PLEURAL FLUID: CELL BLOCK

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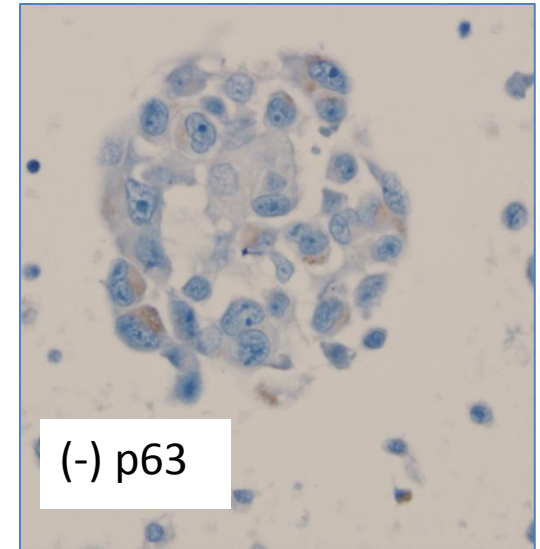
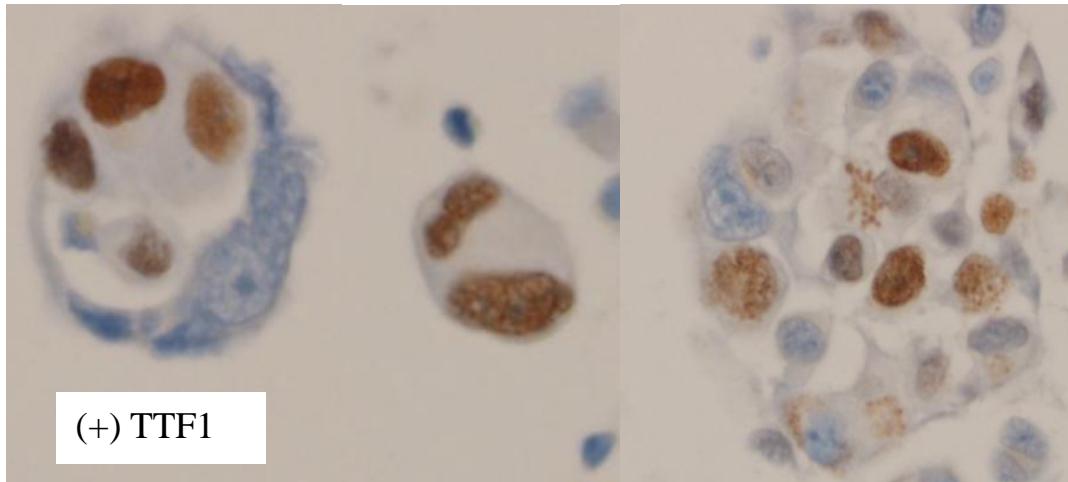
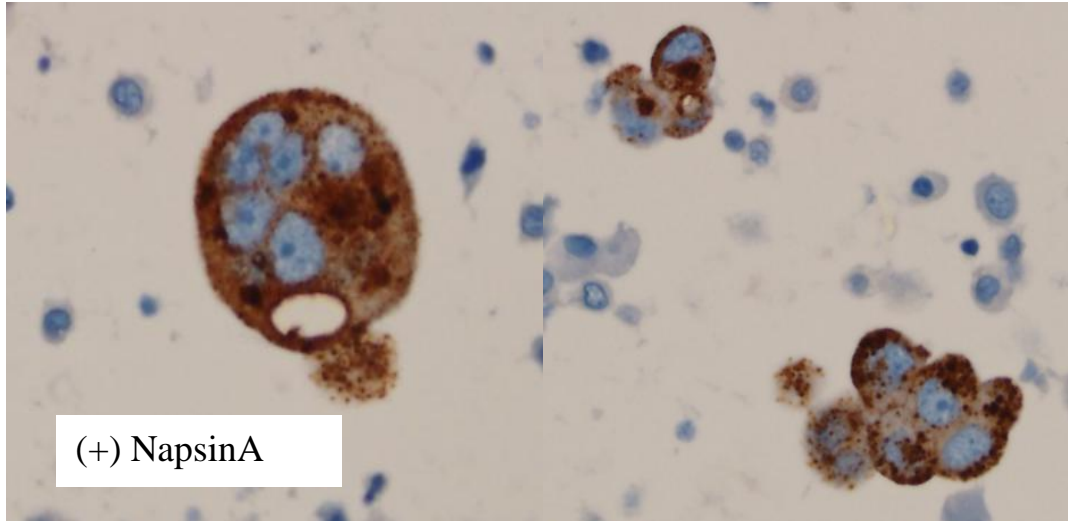


# DIFFERENTIAL DIAGNOSIS

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- Adenocarcinoma
- Squamous cell carcinoma
- Malignant mesothelioma
- Melanoma

# IHC



# FINAL DIAGNOSIS

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- Positive for adenocarcinoma, consistent with lung primary.
- LESSONS
  - Lot of entities have overlapping characteristics
  - Need to look at the whole picture