Interesting Case Conference

7/30/12
HISTORY

- 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

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

- **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
PLEURAL FLUID
PLEURAL FLUID: CELL BLOCK
DIFFERENTIAL DIAGNOSIS

- Adenocarcinoma
- Squamous cell carcinoma
- Malignant mesothelioma
- Melanoma
IHC

(+): NapsinA

(-): p63

(+): TTF1
FINAL DIAGNOSIS

• Positive for adenocarcinoma, consistent with lung primary.

• **LESSONS**
  - Lot of entities have overlapping characteristics
  - Need to look at the whole picture