A Lung Saddle Tumor

A Feng, E Sy

Citation

Abstract

Sir,

A 91-year-old man with 60-pack-year history of smoking and prostate cancer was admitted with one-week duration of intermittent hemoptysis and dyspnea. Physical examination revealed a cachectic man with bilateral basilar lung crepitations. A computed tomographic scan of the chest revealed a left upper lung speculated nodule (Picture A), a right inferior paratracheal lymphadenopathy (Picture B), and a subcarinal lymphadenopathy (Picture C). Flexible fiberoptic bronchoscopy was done for hemoptysis, which revealed a friable mass at the level of the carina, extending to both main bronchi (Picture D, E, F). Pathology of transbronchial needle aspiration and endobronchial biopsy showed poorly differentiated non-small cell carcinoma, favoring squamous cell type. The patient was diagnosed with stage IV non-small cell lung carcinoma and he received radiation therapy.

References
A Lung Saddle Tumor

Author Information

Andrea Feng
Pulmonary fellow, Pulmonary Department, Bronx Lebanon Hospital Center

Ernesto Sy
Pulmonary attending, Pulmonary Department, Bronx Lebanon Hospital Center