

Radiology Pathology Correlation Case Presentation

Zak Swenson



Initial presentation

- 78 yom presented to the ED with severe abdominal pain
- CT abdomen/pelvis discovered a pleural based R middle lobe lesion
- Also had a small nontender right axillary mass on exam

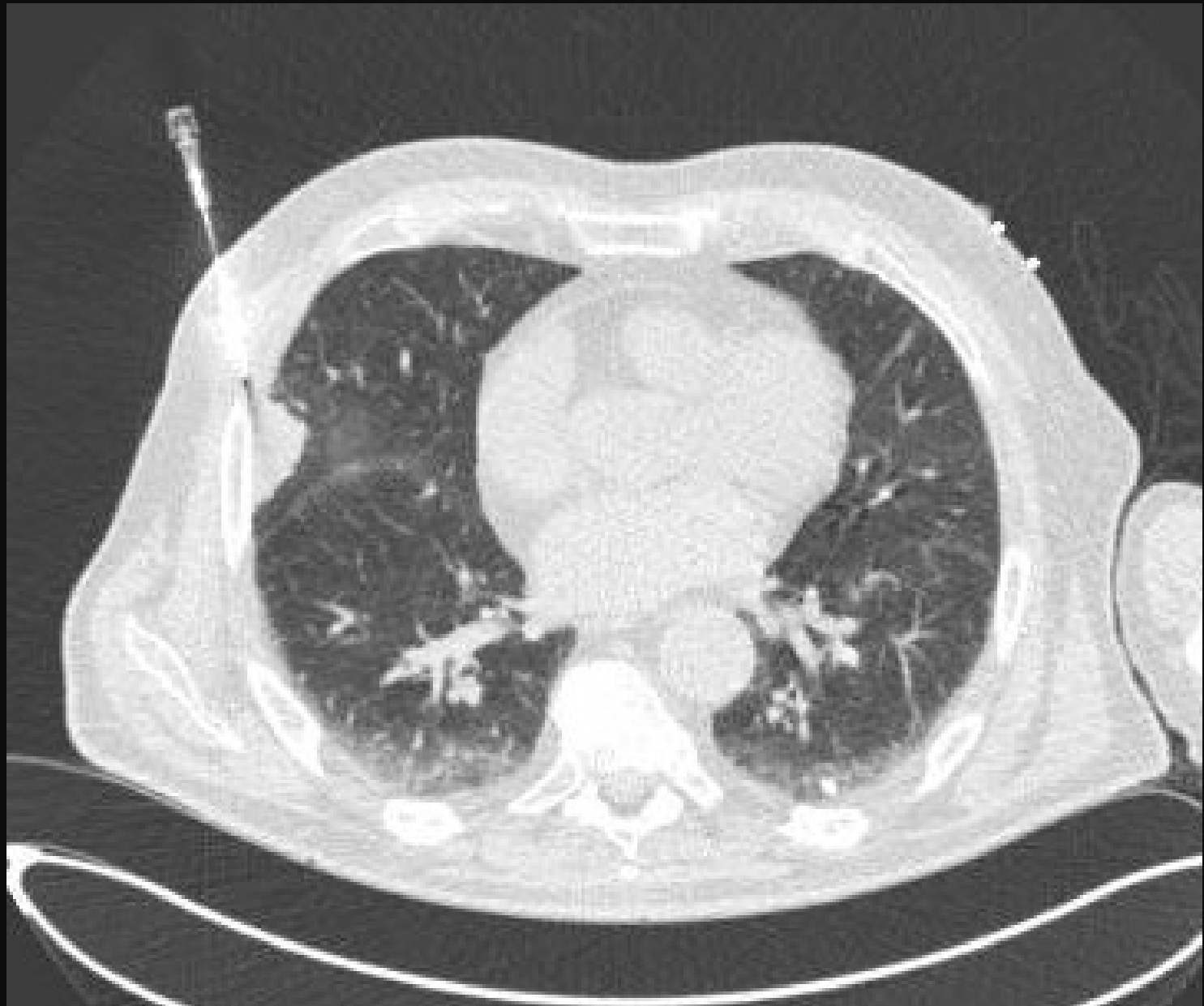
- Hyperplastic polyp removed from colon 10 years ago
- Fam Hx of breast and prostate cancer
- 20 pack years smoking

- F/u of lung nodule with dedicated CT chest showed a 3.5 cm subpleural mass concerning for neoplasm



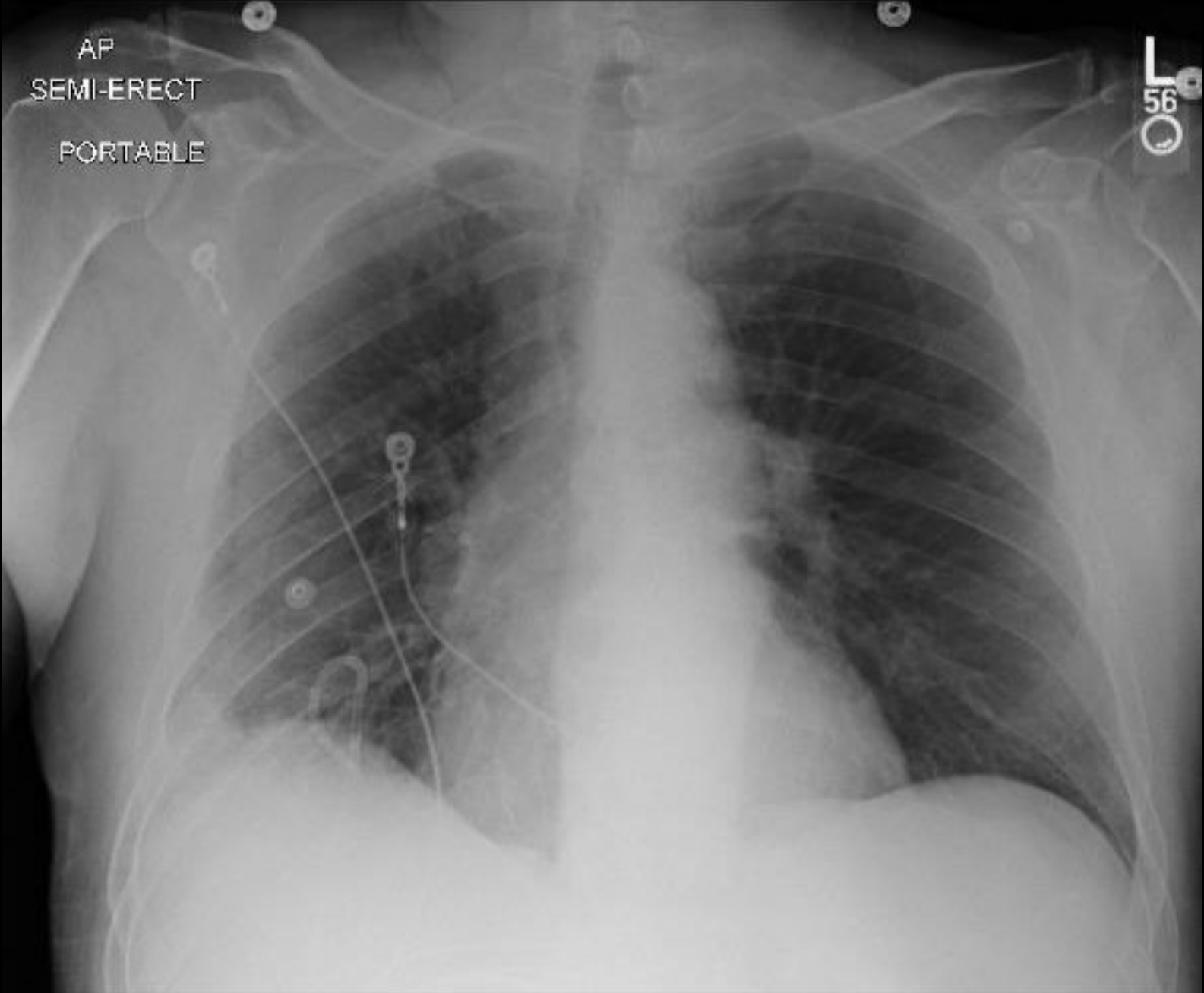
CT guided biopsy

- CT guidance usually preferred method for lung nodules – US also an option depending on location
- No major risk factors and labs were appropriate before procedure
- Attempted FNA but was dry
- Obtained 5 core samples
- Procedure complicated by a pneumothorax that continued to enlarge (20% incidence)
- Chest tube was placed and patient was observed overnight (1% incidence)



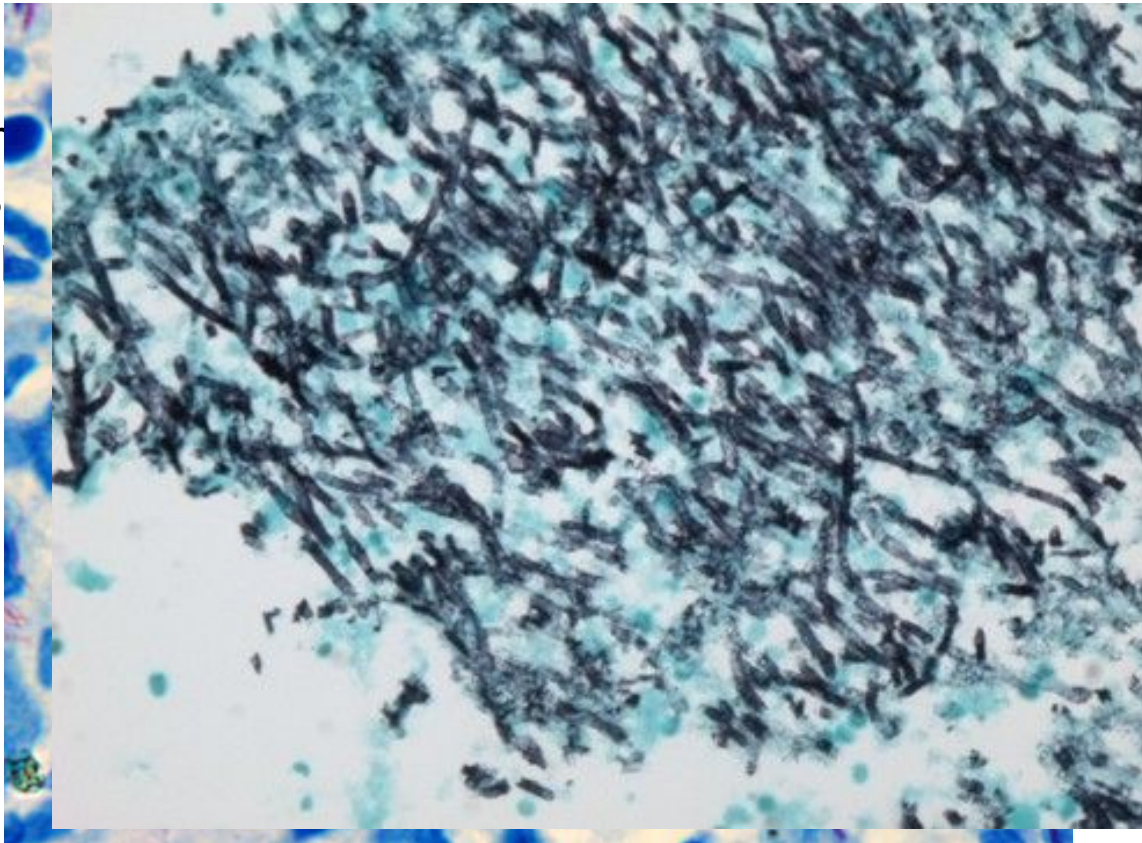
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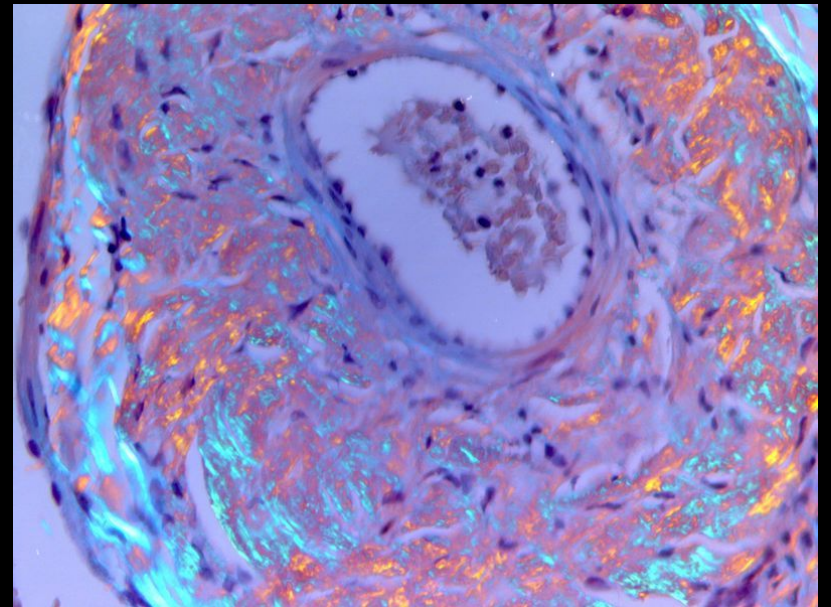
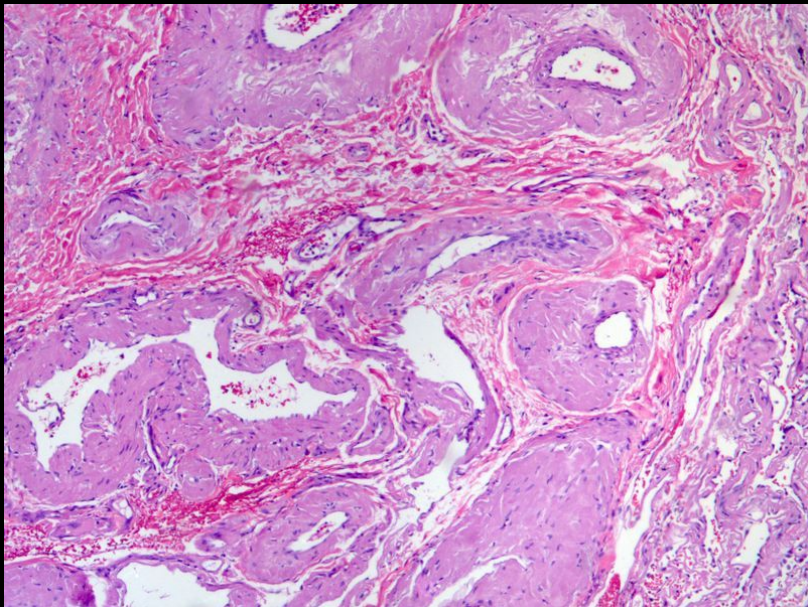
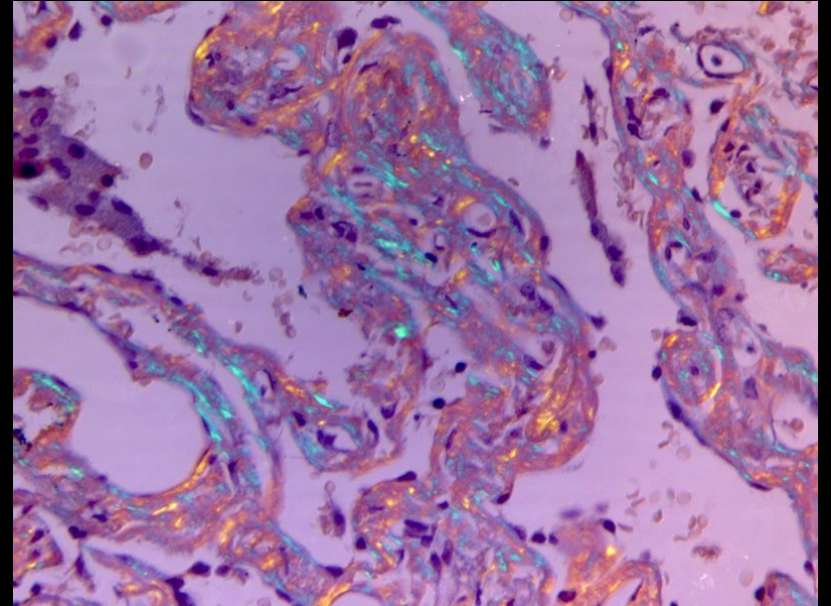
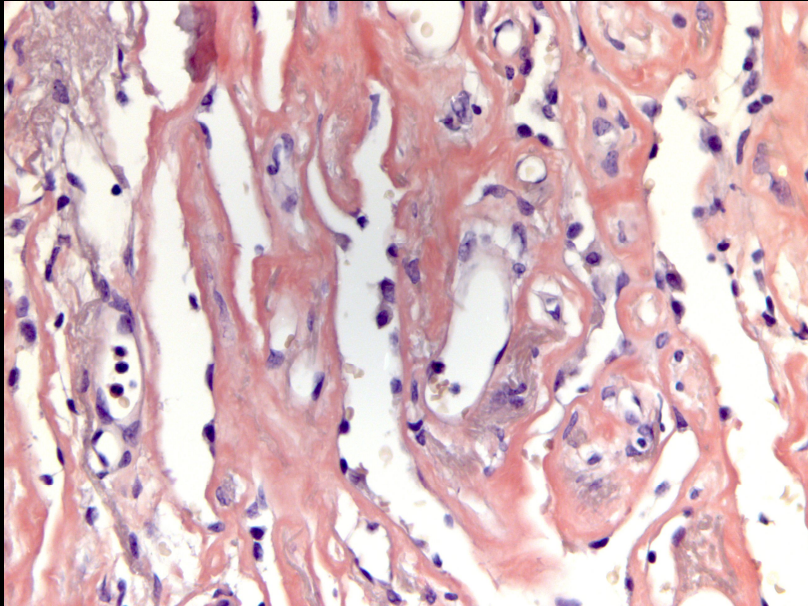
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Pathology results

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Diagnosis

- Core “Proteinaceous debris most consistent with amyloid”
- Nodular pulmonary amyloidosis usually AL amyloid
- Diagnosed with an amyloidoma – benign and no reason to resect at this time