Case 11

History
34-year-old female with weight loss and irregular menses.

PA chest radiograph shows multiple round opacities of varying size with cavitation. Wall thickness varies from 0.4 to 1.0 cm.

Lateral chest radiographs show multiple round opacities of varying size with cavitation.

Diagnosis?

Diagnosis
Pulmonary Metastasis.

Findings
The most common manifestation of metastatic disease to the lungs consists of one or more nodules within the lung parenchyma. These are usually derived from small tumor emboli lodging in peripheral pulmonary arteries or arterioles, with subsequent extension into adjacent parenchyma. In 75 percent of cases, nodules are multiple and tend to be more numerous in the basal portions of the lungs. Cavitation in metastatic neoplasms is less common (four percent) than in primary neoplasms of the lungs (nine percent). About two-thirds of multiple cavitating nodules are from squamous cell origin. The rest are mostly adenocarcinoma, and rarely sarcoma. In men most cavitating metastases occur from primary head and neck squamous cell carcinoma, whereas in women they tend to originate from the genital tract, as in this patient with metastatic carcinoma from the cervix.

Cavitation occurs more frequently in the upper lobes than in lower lobe lesions and may be thin- or thick-walled. Only a few of the nodules may cavitate, and such nodules can show considerable variation in size.