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Clinical Image

Pancreatic Cancer with Lung Metastasis Presenting with Chest Infiltrates

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Keywords

Infiltrative shadow; Lung; Metastasis; Pancreas

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A 61-year-old female was admitted due to a persistent fever with the presence of abnormal shadows on a chest roentgenogram. Chest CT showed multiple infiltrates with contrast enhancement (Figures 1A and 1B). The infiltrates did not respond to systemic antibiotic treatment, and the bronchoalveolar lavage showed no pathogenic microbes. Meanwhile, the lung biopsy specimen revealed ductal development composed of mucin-producing cells with hyperchromatic nuclei. Immunohistochemical staining of the specimen showed the expression of neither thyroid transcription factor-1 nor surfactant protein-A. In addition, abdominal CT revealed a pancreatic mass (Figure 2), and the level of serum carbohydrate antigen 19-9 was elevated (409.4 U/ml). Therefore, we confirmed pancreatic cancer metastatic to the lung.

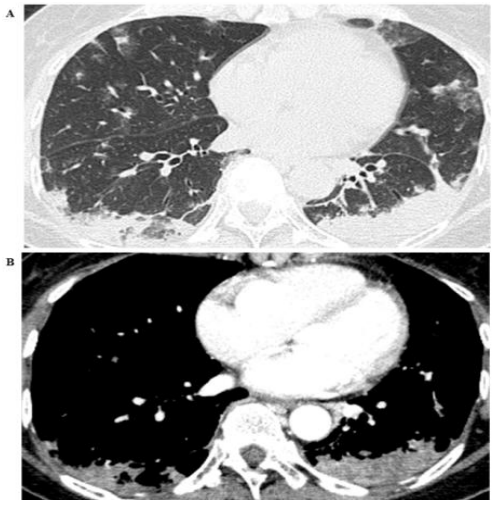

Figure 1: Chest CT shows multiple infiltrates with diffuse contrast enhancement (A; lung window, B; mediastinal window).

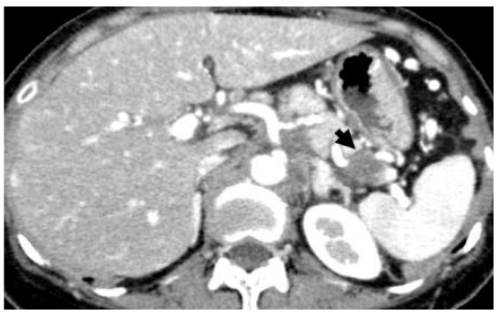

Figure 2: Abdominal CT shows a pancreatic mass containing a low-density area (arrow).

Lung metastases are found in one-third of patients with pancreatic cancer and are occasionally the initial manifestations of the disease [1]: however, pancreatic cancer uncommonly presents infiltrative shadows in the lung [2,3]. A delay in diagnosis for pancreatic cancer leads to a poor outcome. Therefore, clinicians should consider pancreatic cancer in the differential diagnosis of pulmonary infiltrates refractory to antibiotics.

References

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