

AN-UNUSUAL PRESENTATION OF LUNG-MALIGNANCY IN A HIV-PATIENT

Dr. Jitendra Singh

PG Resident IRD Sms Medical College Jaipur Rajasthan

Dr. Shashi Prakash
Agnihotri

Senior Professor & Unit Head Ird Sms Medical College Jaipur Rajasthan

Dr. Ruchika
Chahar*

Senior Resident Rnt Medical College Udaipur *Corresponding Author

ABSTRACT

Malignancies of the Lung are a major source of morbidity and mortality in person with HIV infection. In the Pre ART ERA, AIDS-Defining-Cancers (ADC) were prominent. NADCs are mostly comprised of NON-SMALL-Cell Lung Cancer followed by Small-Cell-Carcinoma. Within HIV population incidence of lung-cancer estimated approximately 2-4 times that of general population. Multiple pulmonary nodules or Cannon Ball opacities in LUNG particularly originates from malignant, non-malignant, infective etiology and connective tissue disorders also may cause it.

KEYWORDS : HIV, Non-AIDS Defining Cancers, ADC, CE-CT

INTRODUCTION

Malignancies of the Lung are a major source of morbidity and mortality in person with HIV infection. NON-AIDS defining lung cancers (mostly non-small cell lung cancers) are now a leading cause of cancer death in HIV patient, as in this case.

CASE REPORT

A 40 Years old female came to Department of Respiratory medicine OPD at Institute of Respiratory Diseases SMS MEDICAL-COLLEGE, JAIPUR with following chief complaints

1. Cough with Expectoration since 1.5-months.
2. Breathlessness for 20 days
3. Left-Side Chest Pain, Loss-of-Appetite and Weight-loss for 20 days.
4. Pain -Abdomen for 15 days.

Patient took ATT since-3 days and sent to our department for further evaluation. Patient was Non-Smoker and Housewife by occupation and patient was diagnosed as AIDS in 2010 but on ART only for 15 days.

General Physical Examination Revealed Pallor, Clubbing (Grade 1) and Left Supra-Clavicular Lymphadenopathy.

Sputum for AFB was negative and Sputum CBNAAT revealed MTB Not Detected.

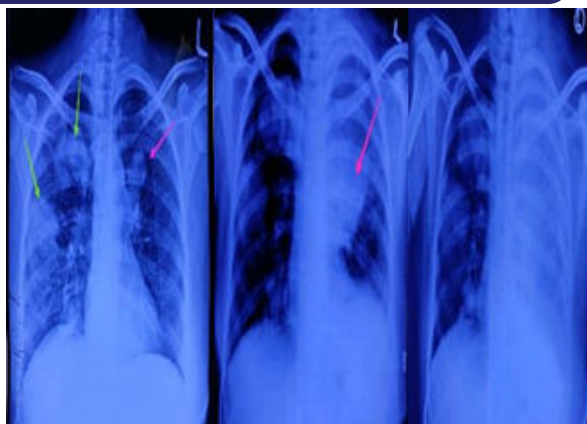
Chest-X-Ray revealed multiple-bilateral variable size pulmonary nodules (Cannon Ball appearance).

CE-CT Chest shows Heterogeneously Enhancing Soft Tissue density mass lesion in left-upper lobe infiltrating to pleura and intercostal region causing obstruction of adjacent bronchi and multiple mediastinal lymphadenopathies. Multiple bilateral pulmonary metastasis with left pleural effusion. CT-Abdomen revealed Left Adrenal Mass and Multiple Metastatic intraabdominal lymph nodes, minimal ascites and mild right hydroureteronephrosis. CT-Head -No significant abnormality in brain parenchyma.

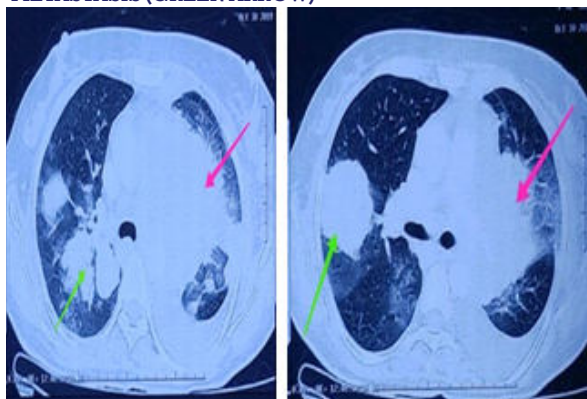
Lymph Node FNAC- MTB not detected and negative for malignant cell cytology.

CT-Guided Biopsy Performed Histopathology of Which Revealed NON-SMALL-CELL-CARCINOMA OF LUNG.

CHEST RADIOGRAPHS SHOWING FAST PROGRESSION OF DISEASE, LEFT UPPER LOBE MASS WITH BILATERAL CANNON BALL METASTASES WITH LEFT PLEURAL EFFUSION



CT THORAX SHOWING LEFT UPPER LUNG MASS PRIMARY (ROSE ARROW) WITH BILATERAL PULMONARY METASTASIS (GREEN ARROW)



DISCUSSION

In the Pre ART ERA, AIDS-Defining-Cancers (ADC) were prominent and pulmonary involvement of KAPOSI-SARCOMA & NON-HODGKINS-LYMPHOMA were the most common lung tumours from this group. AN AIDS related morbidity & mortality have declined with wide spread ART use, Non-AIDS-Defining-Cancers (NADCs) have become a leading cause of death in HIV infected persons. NADCs are mostly comprised of NON-SMALL-Cell Lung Cancer 86-94% followed by Small-Cell-Carcinoma 5-13%. Within HIV population incidence of lung-cancer estimated approximately 2-4 times that of general population & often presents with advanced disease at young age and hence low overall survival. Radiological manifestation of cannon ball opacities

from primary lung cancer is also a rare occurrence.

Multiple pulmonary nodules or Cannon Ball opacities in LUNG particularly originates from malignancies like Prostate, Choriocarcinoma, Breast carcinoma, Seminoma, Colon Ca, Hypernephromas. Other differential diagnosis could be Fungal Infections, Parasitic infection, Hydatid disease, Rheumatoid nodules, Wegner's granulomatosis, and Pulmonary Tuberculosis.

CONCLUSION

1. Smoking cessation, Anti-Retroviral treatment along with early diagnosis and treatment of lung malignancy prolong survival rates to some extent.
2. In HIV patients apart from AIDS DEFINING malignancies, risk for other lung cancers should also be kept in mind.
3. Cannon ball opacities in chest radiograph, Secondaries are not only the only cause, primaries can be in the lung itself also.

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