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Pulmonary Medicine

SQUAMOUS CELL CARCINOMA OF LUNG MASQUERADING AS ORGANIZING PNEUMONIA –A CASE REPORT

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ABSTRACT A 60 year old male patient presented with complain of cough, progressive dyspnea, right sided chest pain and fever since 3 month. Patient was chronic smoker on examination patient having grade 2 clubbing. Chest x-ray was done suggestive of patchy area of consolidation in right lower lobe. CECT thorax was suggestive of heterogeneous soft tissue density mass. Transbronchial lung biopsy was done histopathological examination suggestive of picture of organizing pneumonia. So Patient was put on oral corticosteroid therapy. After two month of steroid therapy patient develop hemoptysis. So CT thorax was repeated which was suggestive of heterogeneously enhancing soft tissue density lesion with internal cavity showing air fluid level. Bronchoscopy was done once again, suggestive of growth and obstruction of right middle lobe bronchus, biopsy taken which show moderately differentiated squamous cell carcinoma of lung. Patient was started on chemotherapy and antibiotics. But unfortunately patient did not survive. In conclusion, each and every case of Non resolving pneumonia should be evaluated aggressively and should be followed up closely for the better patient survival and reduce morbidity.

KEYWORDS :

INTRODUCTION :

Squamous-cell carcinoma (SCC) of the lung is a histologic type of non-small-cell lung carcinoma (NSCLC). It Is the second most prevalent type of lung cancer after lung adenocarcinoma. Squamous-cell carcinoma of the lung is strongly associated with tobacco smoking, more than any other form of NSCLC. Cryptogenic organizing pneumonia is form of idiopathic interstitial pneumonia characterized by lung inflammation and scarring that obstruct the small airways and alveoli. Organising pneumonia is defined histopathologically by intra alveolar bud of granulation tissue, consisting of intermixed myofibroblast and connective tissue .although nonspecific histological pattern, together with characteristic clinical and imaging features, define cryptogenic organizing pneumonia when no cause or peculiar underlying context was found. On HRCT thorax, patchy consolidation with subpleural distribution and reverse halo sign are seen. Rapid clinical and radiological improvement Is obtained with corticosteroid treatment, but relapse are common after stopping treatment.

CASE STUDY :

A 60 year old male patient presented with complaint of cough with mucoid expectoration, progressive dyspnea, right sided chest pain and fever since 3 month. Patient was chronic smoker. On examination patient was vitally stable, grade 2 clubbing present. On chest auscultation, occasional crepitation present in right infra scapular region. Chest x ray suggestive of patchy area of consolidation in right lower zone (figure 1). CECT thorax was suggestive of heterogeneous soft tissue density mass lesion in right middle lobe with internal necrotic area and distal collapse and consolidation, overall possibility of infective etiology. All blood investigations were within Normal limits except leucocytosis. Sputum tubercular, fungal and bacterial culture were sent but no organism was isolated. Bronchoscopy was done and brochoalveolar lavage fluid sent for cytology, Gene expert, fungal & Bacterial culture in which no organism isolated .CT guided biopsy was done and sample sent for histopathological examination which was suggestive features of organizing pneumonia. So patient was put on oral corticosteroid therapy. Initially there was clinical as well as radiological improvement (figure 2). But after two month of corticosteroid therapy patient developed hemoptysis. So CECT thorax was repeated which was suggestive of heterogenously enhancing soft tissue density lesion with irregular margin with internal cavity showing air fluid level within noted, overall finding consistent with necrotic consolidation (figure 3). So bronchoscopy was again repeated. On bronchoscopy, there was growth and obstruction of right middle lobe bronchus. Endobronchial biopsy was taken from growth and sent for histopathological examination which was suggestive of moderately diffentiated squamous cell carcinoma of lung. Patient was started on chemotherapy and antibiotics. But unfortunately patient did not survive.

FIGURE :-1 Chest X ray PA view suggestive of right lower lobe patchy consolidation (on left) & CECT thorax suggestive of soft tissue density mass lesion in right middle lobe with internal necrotic area (on right).

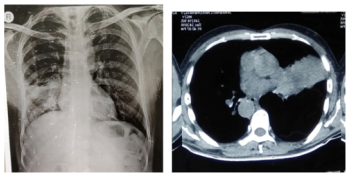


FIGURE:-2 Chest X ray after 2 months of corticosteroid therapy showing resolution of patch of consolidation.

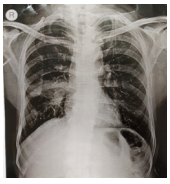
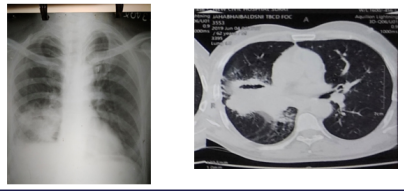


FIGURE :-3 Chest x ray and CECT thorax after 2 months suggestive of internal cavity with air fluid level. Overall picture of necrotic consolidation.



DISCUSSION:

Squamous cell carcinoma may often be confused with pneumonia and other inflammatory condition in lung. Diagnosis of carcinoma of lung encertain only after patient fail to improve with steroids and antibiotics. In our patient progression of disease process with clinical and radiological deterioration led us to suspect underlying malignant process. Patient had failed steroids and antibiotics therapy and ultimately Bronchoscopy directed biopsy clinched the diagnosis of Lung carcinoma.

CONCLUSION:

Squamous cell carcinoma presenting as diffuse pulmonary consolidation may be mistaken for Cryptogenic Organising Pneumonia, delaying the diagnosis, treatment and exposing the patient to toxicity of unnecessary treatment. Squamous cell carcinoma should be one of the differential diagnosis of diffuse lung disease and biopsy confirmation be considered in unusual presentations. In conclusion, each and every case of Non resolving pneumonia should be evaluated aggressively and should be followed up closely for the better patient survival and reduce morbidity.

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