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RESEARCH ARTICLE OPEN ACCESS

AN UNUSUAL CASE OF CYSTIC LUNG DISEASE WITH SMALL CELL LUNG CANCER

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ABSTRACT

Cystic lung disease is nowadays being increasingly identified as newer diagnostics facilities are available. Cystic lung disease is a broad group starting from infection like pneumocystis to even malignancy. In our case a young female from Rural Bengal came with a history of cough and progressive dyspneoa for 3 years and hemoptysis and weight loss for 3 months. She had clubbing and on auscultation of chest bilateral basal crepts were heard. Her previous reports showed that she had done an HRCT thorax already 4 months ago which revealed a cystic lung disease. She was also positive for anti Scl 70 antibody and treatment with Sirolimus was given by Rheumatology department. However due to the presenting symptoms we did a new HRCT thorax which revealed a Lung mass that on CT true cut biopsy proved to be a Small Cell Lung Cancer . This is a proof that cystic lung disease if not investigated thoroughly and followed up regularly may be a misdiagnosed case of another lung disease that me land up disastrous.

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INTRODUCTION

Primary Lung cancer is bit uncommon in young non smoker women. Lung malignancy associated with cystic lesions in the lung is quite rare. Sometimes it is due to an underlying lymphangioleomyomatosis. Cystic Lung Malignancy is usually Adenocarcinoma**.** Management guidelines for indeterminate small solid pulmonary lesions are available for both clinical use and in the screening setting. This has led to more (serial) computed tomography (CT) imaging and more structured and uniform interpretation and surveillance of pulmonary nodules. Over a decade ago it emerged that beside solid nodules and masses a second group of morphologically distinct lung cancers existed; subsolid pulmonary malignancies. Instead of a solid nodular lung lesion, these present as persistent pure ground-glass or part-solid pulmonary nodules. This distinction is highly relevant in daily practice as the behaviour of subsolid lesions differs significantly from that of solid lesions, being more commonly adenocarcinomas and showing slower growth but higher malignancy rates than solid nodule.

CASE REPORT PROPER

A 34 year old female from rural part of West Bengal came to our OPD with a 3 year history of dry cough and exertional shortness of breath of 3 years of MMRC Grade 2, hemoptysis for 3 months and significant weight loss .Patient gave no history of hematuria, fever, joint pain, Raynaud's phenomenon. She had history of dysphagia, dryness of mouth and progressive mouth shortening.

Patient was non diabetic non hypertensive, hypothyroid on L-Thyroxin 50mcg daily. On examination the patient was cachectic and had Clubbing. No neck nodes were palpable. Bilateral chest on auscultation showed decreased VBS with basal crepitation. Skin was not tightened, no ulcers visible in mouth. Other systems were not remarkable.

Investigations

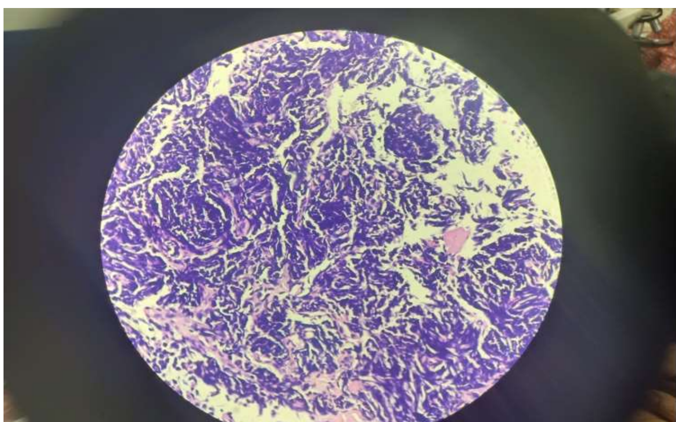
Sputum reports proved AFB and CBNAAT to be negative. Thyroid profile, Ig E, IgG, Ferritin, were normal.

Patient had ANA 3 + Homogenous nuclear pattern, Anti SCL 70 positive, Anti Ds DNA, Histone were positive. Urine Routine was unremarkable

Echo-2d showed a PAH, with PASP 55 mm Hg.

Digital clubbing

Microscopic appearance of biopsy sample



An HRCT chest (4th Nov 2022) showed that there were innumerable regular cysts diffusely distributed with GGO and Mosaic attenuation. A follow up HRCT scan showed multiple variable thin walled cysts bilaterally with an irregular lobulated soft tissue lesion of approximately 6cm *3.9 cm centered over right hilum extending to mediastinum and abutting SVC and arch of aorta with right upper lobe bronchus narrowing.

Multiple enlarged lymph nodes were seen.

ENDOBRONCHIAL BIOPSY from Right Intermediate Bronchus showed SMALL CELL LUNG CA with Synaptophysin and Chromogranin Positivity.

Treatment: Patient was referred to Radiotherapy Department who after evaluation have started her on Etoposide and Cisplatin therapy. Patient is still under follow up.

CONCLUSION

Even in CTD with established Cystic Lung Disorder there is chance of malignancy. Any acute detoriation, clubbing, weight loss, etc signifies a malignant transformation altogether.

Report of ANA profile

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