

2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

# RADIOLOGICAL FINDINGS IN A CASE OF BRONCHIOGENIC CARCINOMA

BY

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DEPT OF RADIODIAGNOSIS.

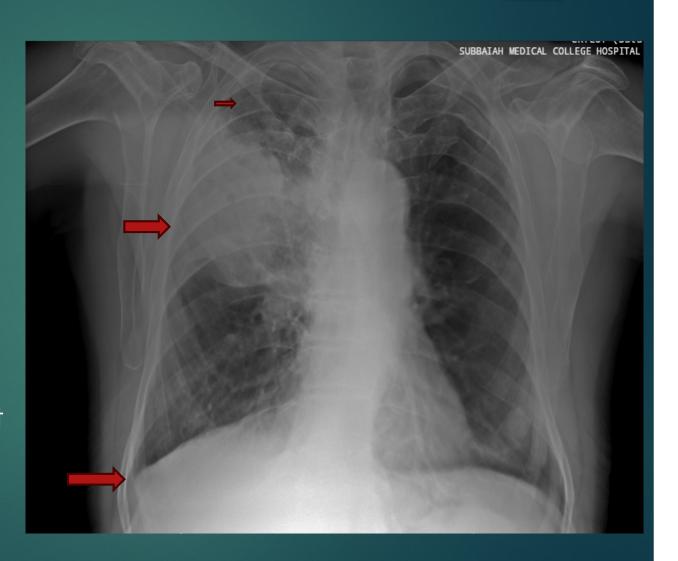
SUBBAIAH MEDICAL COLLEGE, SHIMOGA.

## CLINICAL DETAILS

▶ 84 Y/Male smoker complaints of cough since 3 months

#### CHEST -PA

- Ill-defined nonhomogenous opacity in right upper zone along the major fissure causing its bulging with few radiolucencies within
- Few nonhomogeneous opacities noted involving apical part of right upper zone
- Mild right pleural effusion



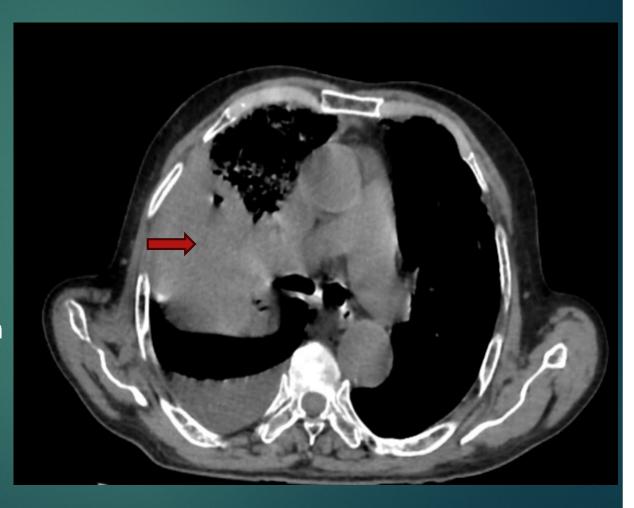
## CHEST LATERAL VIEW

Ill-defined non homogenous opacity involving right upper zone along major fissure causing its bulging



#### CT THORAX

- ▶ Ill-defined homogenous soft tissue density lesion noted involving right upper lobe with abrupt cut off right upper lobe posterior segment bronchus with no e/o calcifications or bony erosions.
- ▶ Mild right pleural effusion



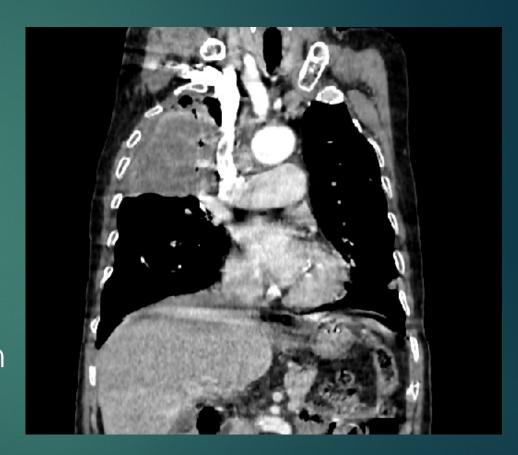
#### HRCT THORAX

- Ill-defined homogenous soft tissue density lesion noted involving right upper lobe with abrupt cut off right upper lobe posterior segment bronchus, encasing upper lobe bronchus
- Mild right pleural effusion
- Ill defined irregular interlobular septal thickening noted in apical segment of right upper lobe.



#### CONTRAST STUDY

- Ill-defined heterogeneously enhancing soft tissue density lesion noted involving right upper lobe along major fissure with abrupt cut off right upper lobe posterior segment bronchus
- Mild right pleural effusion . No e/o pleural enhancement/thickenin g



### DIAGNOSIS

► BRONCHOGENIC CARCINOMA WITH MALIGNANT PLEURAL EFFUSION AND LYMPHANGIOMA CARCINOMATOSIS

#### BRONCHOGENIC CARCINOMA

#### NON SMALL CELL LUNG CANCER:

- ADENOCARCINOMA: most common cell type overall
- most common in women
- most common cell type in non-smokers but still most patients are smokers
- Peripheral

- SQUAMOUS CELL CANCER: strongly associated with smoking
- most common carcinoma to cavitate
- poor prognosis
- LARGE CELL CARCINOMA:(15%)
  - peripherally located
  - very large, usually >4 cm

#### SMALL CELL LUNG CANCER (20%)

- almost always in smokers
- metastasizes early
- most common primary lung malignancy to cause <u>paraneoplastic syndromes</u> and <u>SVC obstruction</u>
- worst prognosis

#### REFERENCES

- ▶ 1. Fleischner FG, et al. The esophagus and medinstinal lymphadenopathy in Radiology 1952;58;48-56. bronchogcnic carcinoma.
- ▶ 2. O'Keefe ME. Good CA, MC Donald JR et al. Calcification in Solitary nodules of Lung. AJR 1957;77:1023.
- ➤ 3. Emami B, Melo A, Carter BL et rd. Value of computed Tomography in radiotherapy of lung ca
- ▶ 4. Faling W, et al. Comparison of chest radiography and CT M evaluation of Mediasanal lymphadenopmhy. Radiology 1981;139:180-185.
- ▶ 5. Rcisch SB, Treasure RL, Krumpe PE. Carson JW, Sampson . oblique hilar tomograms in preoperative staging of lung carcinoma. Chest 1981;79:370-371.
- ▶ 6. Baron RL, Levitt RG, et al. Evaluation of resectability of Bronchogenic carcinoma. Radiology 1982;143;231236. ncer. AJR 1978;131;63-67.

THANK YOU