Case report

A 85-year-old male patient receiving chronic haemodialysis treatment presented with weight loss and multiple ulcers on his upper and lower extremities without preceding trauma. His medical history included right-sided hemicolectomy for colon carcinoma, prostate carcinoma, and recently a fracture of his left olecranon. Arterial duplex imaging of the lower extremities revealed no significant macrovascular disease. Because calciphylaxis was considered in the differential diagnosis, a series of plain X-ray images of the pelvis and lower extremities was performed to screen for extravascular calcifications. While the latter showed no pathology, the X-ray of the pelvis showed the following picture (figure 1).

What is your diagnosis?

See page 380 for the answer to this photo quiz.
DIAGNOSIS

The repeated thoracic X-rays showed rapidly progressive pneumothorax and hydropneumothorax in a patient known with pulmonary and pleural metastases of a uterine leiomyosarcoma. Figure 1 shows left-sided hydropneumothorax with air-fluid level apical, cavitating intrapulmonal lesion paravertebral in the lingual lobe of the left lung with air-fluid level and multiple bilateral densities. Figure 2 shows bilateral pneumothorax with partially collapsed lung due to pleural adhesions in lung with known multiple intrapulmonal densities. Spontaneous pneumothorax in leiomyosarcomas of the uterus has been reported previously, but this extremely rapid progression is rarely observed. Possible causes of leiomyosarcoma-associated pneumothorax are the formation of bronchopleural fistulae secondary to tumour invasion or necrosis, direct pleural invasion by the tumour or a ‘check valve’ mechanism. In this last case the small airways are narrowed by cancer invasion, leading to the entrapment of air in and eventually rupture of alveolar spaces.

Because of the very rapid clinical deterioration of our patient and dismal prognosis we refrained from further interventions. Intravenous morphine was administered and she died within 45 minutes after the second X-ray was taken.

REFERENCES