Cystic lesions of the lung: a forgotten menace

To the Editors:

We read with interest the article by Battistini et al. [1] concerning a young female with spontaneous pneumothorax as the presenting feature of pulmonary lymphangioleiomyoma, which appeared in a previous issue of the European Respiratory Journal. The differential diagnoses, which included lymphangioleiomyoma, tuberous sclerosis and Langerhans cell histiocytosis or eosinophilic granuloma, were based on bilateral cystic pulmonary lesions on high-resolution computed tomography, which were slow to progress, as well as the relatively normal pulmonary function tests [2].

We recall a 46-yr-old male who presented to us with left spontaneous pneumothorax, followed 2 days later by the development of contralateral pneumothorax. A computed
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tomography scan revealed bilateral multiple cystic lesions with thin smooth walls of varying sizes. However, the male sex prompted us to exclude a more sinister cause for the lesions [2], and upon further questioning the patient had complained of right thigh pain for several weeks. Examination revealed a fixed soft tissue mass in the mid-thigh. Histology from the thigh mass biopsy and bilateral video-assisted thoracic surgery bullectomy [3] confirmed pulmonary epithelioid sarcoma metastases. Subsequent investigations showed no other organ was involved. The pulmonary lesions progressed over a 5-yr period, eventually leading to respiratory failure.

Pulmonary cysts as the sole metastatic manifestation of sarcomas are rare, with <20 cases reported [4]. The cysts are usually thin walled, without debris and slow growing (fig. 1).

Typically, the cystic lesions are not evident on chest radiographs, but are well visualised on computed tomography scans, where they may mimic benign bullous disease. The diagnosis may not be established until patients present with pneumothorax necessitating surgical intervention and biopsy [3, 5].

Clinicians should be aware of this important differential diagnosis of bilateral pulmonary cystic lesions, and exclude metastatic sarcoma in the assessment of their patients.

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Nontraumatic chylothorax and previous cancer: a role for positron emission tomography?

To the Editors:

Nontraumatic chylothorax in the adult is suggestive of a tumour, mainly lymphoma and metastatic carcinoma, particularly when prior neoplasm is diagnosed. If radiological procedures reveal no mediastinal lesion, surgical exploration may be suggested. Conversely, a tumour might become evident even 6–12 months after the appearance of chylothorax.