

A case of lung cancer that was mistaken for osteosarcoma due to no lung lesion

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It is very rarely found that only metastatic cancer is present without a clear lesion suggesting primary cancer. In these cases, primary cancer is also confirmed with the help of immunohistochemical staining (IHC) after biopsy and the prognosis is poor compared to the cases where there are clearly lesions suggesting primary carcinoma. We report the case that had a very poor prognosis despite treatment and it was adenocarcinoma of lung, but was initially mistaken for osteosarcoma of pelvic bone because there was no lesion in the lungs. A 55-year-old male with history of 40-pack-years of smoking visited our emergency department due to pain at left inguinal area and buttock. Abdominopelvic CT scans showed about 12-cm heterogeneously enhancing soft tissue mass with bony erosion in left iliac bone, suggestive of osteosarcoma. Chest CT scans showed two tiny nodules in LUL and LLL and mild enlarged subcarinal lymph node, but compared to the CT image taken a year ago, there was no change in size. A percutaneous needle biopsy was performed on the pelvic lesion. The pathologic finding revealed adenocarcinoma and additional IHC stain showed positive finding for TTF-1 and CK7, and negative for CK20. In conclusion, the tissue was confirmed to have metastasized from adenocarcinoma of the lung. EGFR mutation test by direct sequencing did not detect and ALK FISH test showed negative finding. Immediate palliative radiotherapy for left pelvic mass was done in 3-week course, and four courses of Pemetrexed/Cisplatin chemotherapy were followed. After two more courses of Pemetrexed maintenance, the patient developed dysuria and numbness of left lower extremity. Spine MRI showed extensive leptomeningeal metastasis of the whole spinal cords. Palliative radiotherapy was done intermittently due to patient's poor condition. The patient rapidly deteriorated, and he expired after 1 week course of radiotherapy.

