

## Pulmonary Inflammatory Pseudotumor with Solitary Plasmacytoma of Bone Mimicking Advanced Lung Cancer

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Lung cancer has been the most commonly diagnosed type of cancer and the leading cause of cancer related mortality in Korea and worldwide. Although it is fatal, most of the lung cancer patient are asymptomatic at the time of diagnosis. Therefore, radiologic screening by chest low-dose computerized tomography (LDCT) has been recommended by lung cancer specialists for early detection and improving survival. However, clinical suspicion of lung cancer by radiologic screening is quite challenging because of its high false positive rate. A wide range of benign pulmonary diseases could be misinterpreted as lung malignancy on LDCT, including infection, benign mass-forming lesion, and inflammatory changes. Therefore, physician should consider the possibility of the benign disease entities when radiologic features suggest lung malignancy. Herein, we report a case of a 50-year-old man presenting a 4.5-cm lung mass in the right upper lobe with solitary osteolytic lesion of the right 8th rib. Under the suspicion of metastatic lung cancer, the lung mass and the right 8th rib were surgically resected for the diagnostic and curative purpose. After the tissue biopsy, unexpectedly, the lung mass was diagnosed as inflammatory pseudotumor. Furthermore, histopathology of the resected rib showed solitary plasmacytoma of the bone. Our experience highlights the importance of clinical suspicion that in patients with radiologic features compatible to advanced lung cancer could be caused by coexistence of unrelated two uncommon disease entities, which can be completely treatable with surgical resection.

