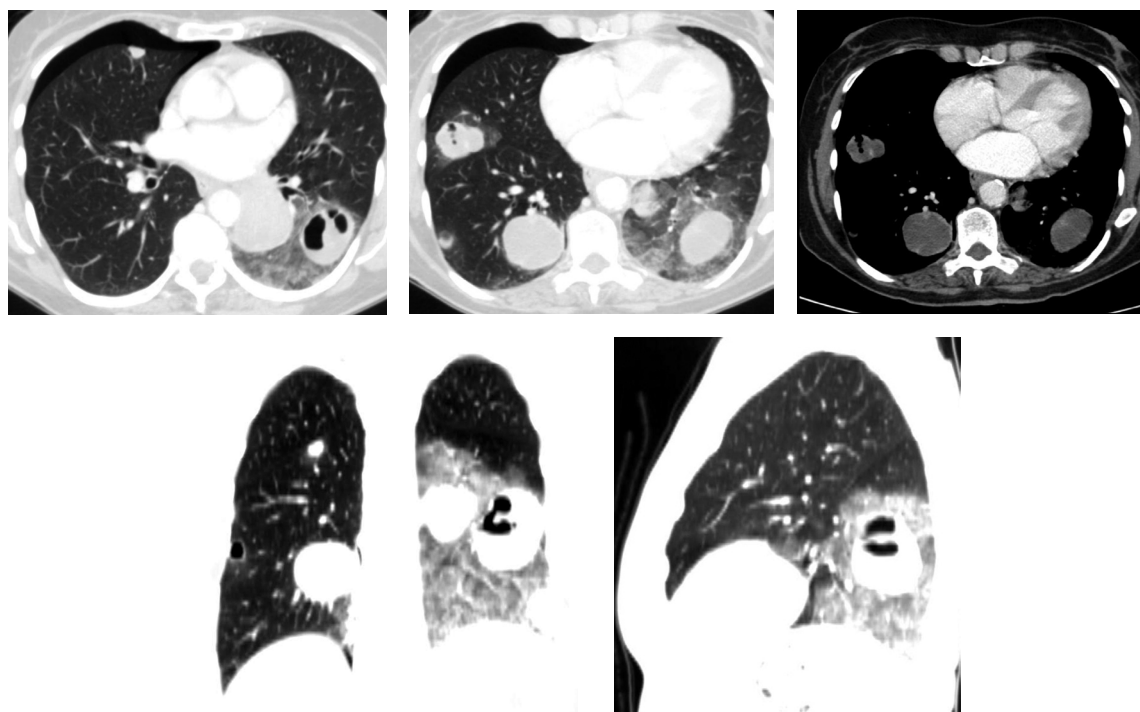


# Radiological Diagnosis

## Diagnosis of the case presented in the previous edition

J Bras Pneumol. 2007;33(6):752

### Pulmonary metastases from uterine sarcoma



A 72-year-old female patient reporting dry cough and presenting nodules on a regular chest X-ray. The patient was submitted to hysterectomy one year prior.

### Comments

Pulmonary metastases typically manifest in the form of sparse nodes or masses, predominantly in the lower lobes and typically presenting regular borders. However, there are atypical forms of pulmonary metastases that manifest as parenchymal cavities, endobronchial lesions, atelectasis, pneumothorax, tumor embolism and calcifications.<sup>(1)</sup>

Some tumors, such as sarcomas, can present cavitary metastases, and one of the complications is pneumothorax, due to rupture of the lesion into the pleural space and formation of bronchopleural fistula. Other aspects that can be found in pulmonary metastases of sarcomas are calcifications in the lesions and, occasionally, areas of ground-glass attenuation, resulting from hemorrhage, near the site of the damage.

In the case presented, the patient had a history of uterine surgery. The initial diagnosis was uterine leiomyomas (benign lesions), confirmed as leiomyosarcomas after surgical procedure.

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## References

1. Seo JB, Im JG, Goo JM, Chung MJ, Kim MY. Atypical pulmonary metastases: spectrum of radiologic findings. *Radiographics*. 2001;21:403-17.

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