

Pulmonary Adenocystic Carcinoma

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The case is presented of a 48 year-old male patient, who was a never smoker with an uneventful medical history, was admitted because of heavy haemoptysis. The chest X-ray (Figure 1) and thoracic computed tomography (CT) (Figure 2) showed complete atelectasis of the left lung. Virtual bronchoscopy (Figures 3, 4) showed occlusion of the left main bronchus by an intraluminal mass. Bronchoscopy revealed an exophytic mass completely occluding the left stem bronchus (Figure 5). Bronchoscopic biopsy of the mass revealed pulmonary adenocystic carcinoma (ACC), the clinical staging of which was T3NoMo. The patient underwent total left pneumonectomy. Histopathological examination of the surgical specimen confirmed the biopsy diagnosis of ACC (Figures 6, 7) ACC is a rare malignancy of the salivary glands, which accounts for 1% of all primary lung tumours.



FIGURE 1. Chest X-ray of 48 year-old male showing complete atelectasis of the left lung.



FIGURE 2. Computed tomography of the chest in 48 year-old male showing complete atelectasis of the left lung.

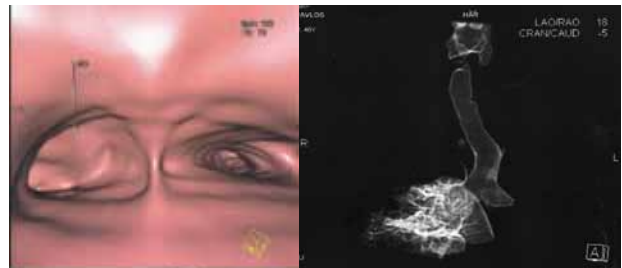


FIGURE 3 & 4. Virtual bronchoscopy showing occlusion of the left main bronchus by an intraluminal mass.



FIGURE 5. Bronchoscopy photograph, showing an exophytic mass completely occluding the left stem bronchus.

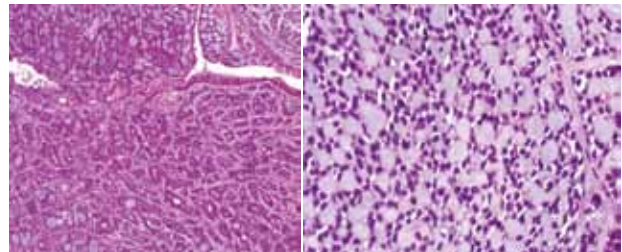


FIGURE 6 & 7. Histopathology of left lung tumour showing adenocystic carcinoma.

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