

Clinical picture

QJM

Pulmonary lymphangitic carcinomatosis

A 59-year-old woman presented to our clinic with a dry cough and dull pain over her entire back that had persisted for more than 1 week. The patient had no sputum production, fever, sore throat or prior history of tuberculosis, and she had not travelled recently. On examination, she was tachypnoeic and hypoxaemic, with dry crackles in both lower lungs. Her oxygenation saturation was 90% when breathing normally without additional oxygen. Chest radiography (Figure 1a) showed a bilateral diffuse reticular and nodular pattern, and chest computed tomography (Figure 1b) revealed diffuse reticular interstitial thickening and multiple small nodules in both lungs. Lymphangitic carcinomatosis in both lungs of unknown origin was diagnosed. On further history taking at the hospital, the patient recalled early satiety and occasional dull epigastric pain. Panendoscopy was performed, which revealed a small ulcerative lesion located primarily in the mucosa, which bled readily upon contact. Pathologic analysis of the lesion revealed a poorly differentiated, signet ring cell-type adenocarcinoma. A whole body bone scan revealed multiple bone lesions that were suspected to be early bone metastases. On the basis of these additional findings, poorly differentiated adenocarcinoma of the stomach, with lung lymphangitic carcinomatosis and multiple bone metastases was diagnosed. Despite systemic chemotherapy, the patient's dyspnea worsened, and she died 3 weeks later.

Pulmonary lymphangitic carcinomatosis is a rare manifestation of metastatic gastric cancer, usually presenting as non-specific respiratory complaints. The general prognosis of patients with lymphangitic carcinomatosis is poor; in the original study by Yang and Lin,¹ the average survival time of these patients was found to be only 3 months. It is important to consider the possibility of lymphangitic carcinomatosis in patients with an interstitial pattern on chest radiographs, and these patients should be screened for occult neoplasms.

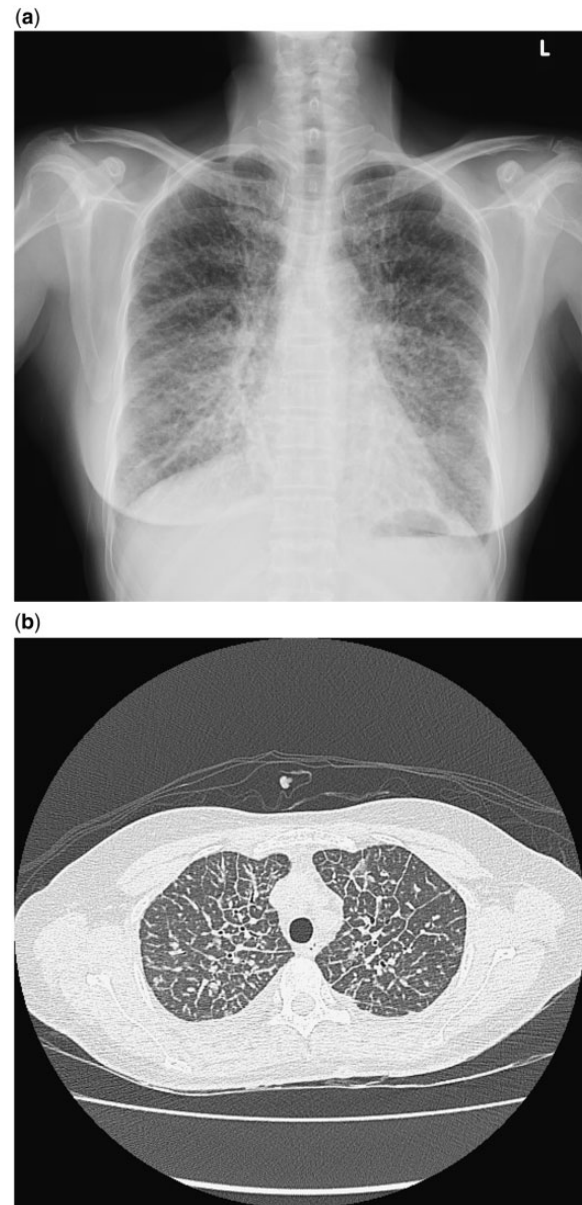


Figure 1. (a) Chest radiograph demonstrating a diffuse reticular pattern in both lungs. (b) A computed tomography scan of the thorax revealed diffuse reticular interstitial thickening and multiple small nodules in both lungs.

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Reference

1. Yang SP, Lin CC. Lymphangitic carcinomatosis of the lungs. The clinical significance of its roentgenologic classification. *Chest* 1972; **62**:179–87.