Clinical picture

Pulmonary pseudotumour due to rounded atelectasis

A 70-year-old man presented with dyspepsia and moderate weight loss. He was exposed to asbestos as a decorator for a building firm working alongside tradesmen who ripped out asbestos and also had a 25 pack-year smoking history. Twenty years previously, he had been investigated for an incidental chest radiograph abnormality with normal bronchoscopy and no radiological progression over 2 years. His old films were unavailable with no evidence of a previous computed tomography scan.

Physical examination was unremarkable with normal spirometry. His chest radiograph was abnormal showing a left midzone mass suggestive of a lung cancer and some pleural plaques due to his asbestos exposure (Figure 1). Computed tomography of the thorax revealed a left-sided 4 cm mass (Figure 2A and B) and enfolded lung with a comet-tail appearance (Figure 2A and B) consistent with rounded atelectasis, as well as pleural plaques but no mediastinal adenopathy (Figure 2B). At subsequent review, he had regained all his weight with settling of the dyspepsia without treatment (a barium swallow was normal). Serial chest radiographs have remained unchanged over 2 years.

Rounded atelectasis (otherwise known as pulmonary pseudotumour or Blesovsky’s syndrome) is an important benign differential for chest radiograph abnormalities that may mimic lung cancer. It is important to consider this possibility to avoid unnecessary invasive investigation and patient anxiety.

Conflict of interest: None declared.

Figure 1. Chest radiograph showing apparent left mid-zone mass suggestive of lung cancer due to enfolded lung and pleural plaques en face in right hemithorax.

Figure 2. (A). Computed tomography (lung windows) showing apparent mass due to enfolded lung and ‘comet-tail’ appearance with pleural plaques and thickening. (B) Computed tomography (mediastinal windows) showing apparent mass due to enfolded lung and ‘comet-tail’ appearance with pleural plaques and thickening but no mediastinal adenopathy.