A Case of Lung Cancer showing Widespread Ground Glass

The patient was a man in his late seventies who complained of coughing. He was a former smoker. A thoracic computed tomography (CT) image revealed a large area of ground-glass opacity (GGO) in the right upper lobe that was a slight increase in lung attenuation without obscuring the underlying bronchial and vascular structures (Fig. 1). The maximum size of the area of GGO was 7 cm in diameter and there were also some areas of consolidation in it. The area of GGO in the upper lobe extended to the lower lobe via the incomplete fissure between the two lobes (Fig. 2). A transbronchial biopsy of the GGO area revealed adenocarcinoma. On the diagnosis of a lung cancer, a right upper lobectomy with superior segmentectomy of the lower lobe was performed. Microscopically, the GGO area corresponded to replacement growth of cancer cells lining along the alveolar walls, while the areas of consolidation corresponded to cancer cells invading the stroma with active fibroblasts. Surgical margin was negative and there was no lymph node metastasis. The patient is doing well without recurrence for 5 years.

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