Unusual sites of metastasis of Non-small Cell Lung Cancer

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Introduction

Lung cancer is the second most frequent type of cancer for both males and females and the leading cause of tumor-related deaths worldwide. The most frequent metastases sites are nervous system, liver, bones, respiratory system and the adrenal glands. Skeletal muscle metastases from lung cancer are an extremely rare phenomenon (due to the contractile properties of the muscle cells and the local pH).

Case Report

We present a case of a 61-year-old Caucasian male, admitted in our clinic for daily fever, dyspnea on effort, cough with mucopurulent sputum, asthenia, weight loss and an oval shaped tumor on the left gluteal region. Contrast thoracic CT scan was performed and it revealed a peripherally posterior ILD cavity 44/32 mm in axial diameters, with iodophilic walls and irregular edges and thickness up to 13 mm, suggesting for a lung tumor. At the bilateral hilum level and at the middle and posterior mediastinum level multiple lymphadenopathies, some with central necrosis, up to 41/16 mm were described, right pleurisy 36mm. Iodophilic lesions located in the bilateral gluteal muscles (13 mm on the right, 46 mm respectively 16 mm on the left side) were identified. A similar lesion was described in the left deltoid muscle. Histopathological examination of the lung biopsy revealed a pulmonary adenocarcinoma, and the skeletal muscle biopsy confirmed the metastatic origin of the lesions. The patient was sent to oncological treatment.

Figure 1. Ultrasonography lower limb, tumoral formation

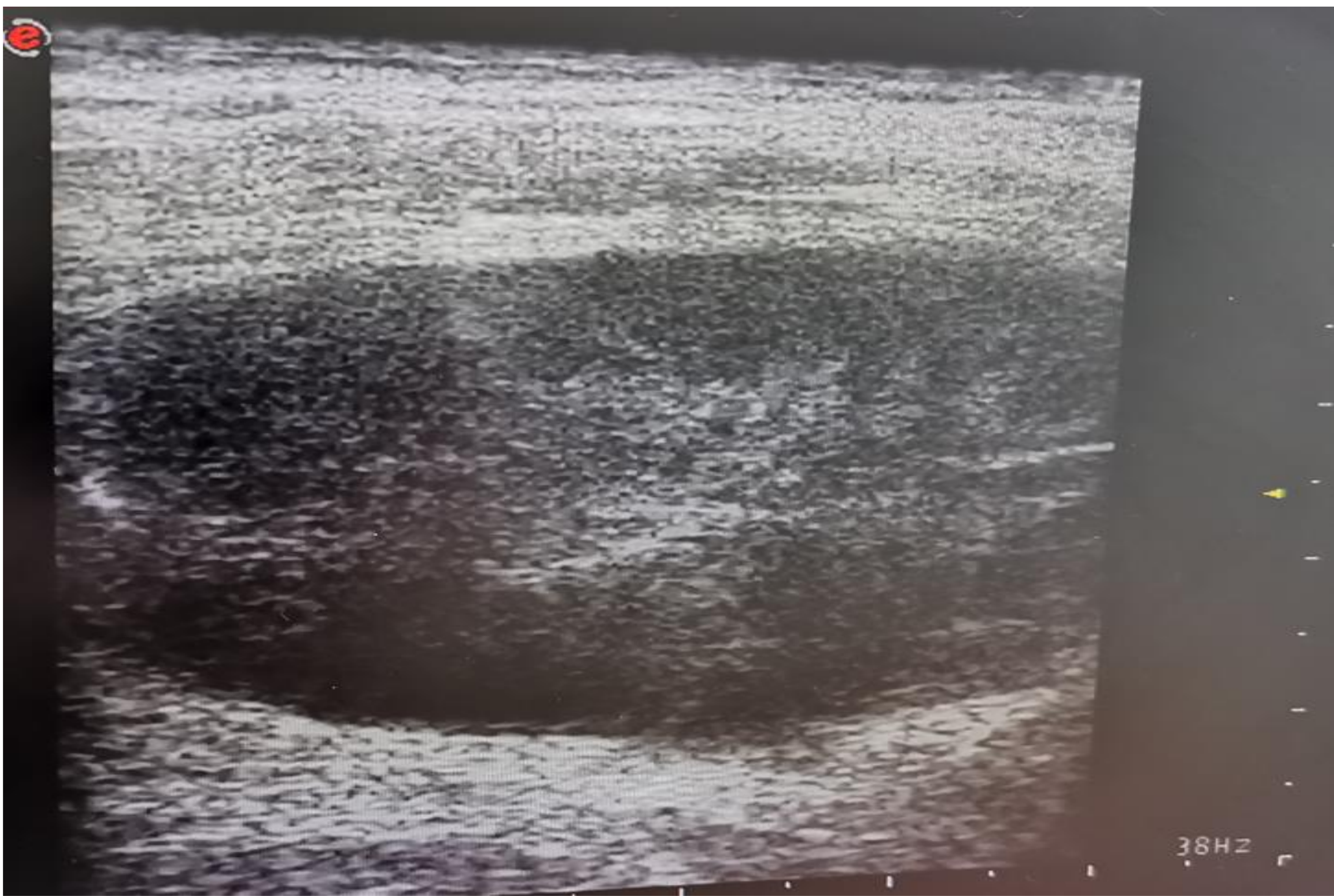


Figure 2. Ultrasonography upper limb, tumoral formation

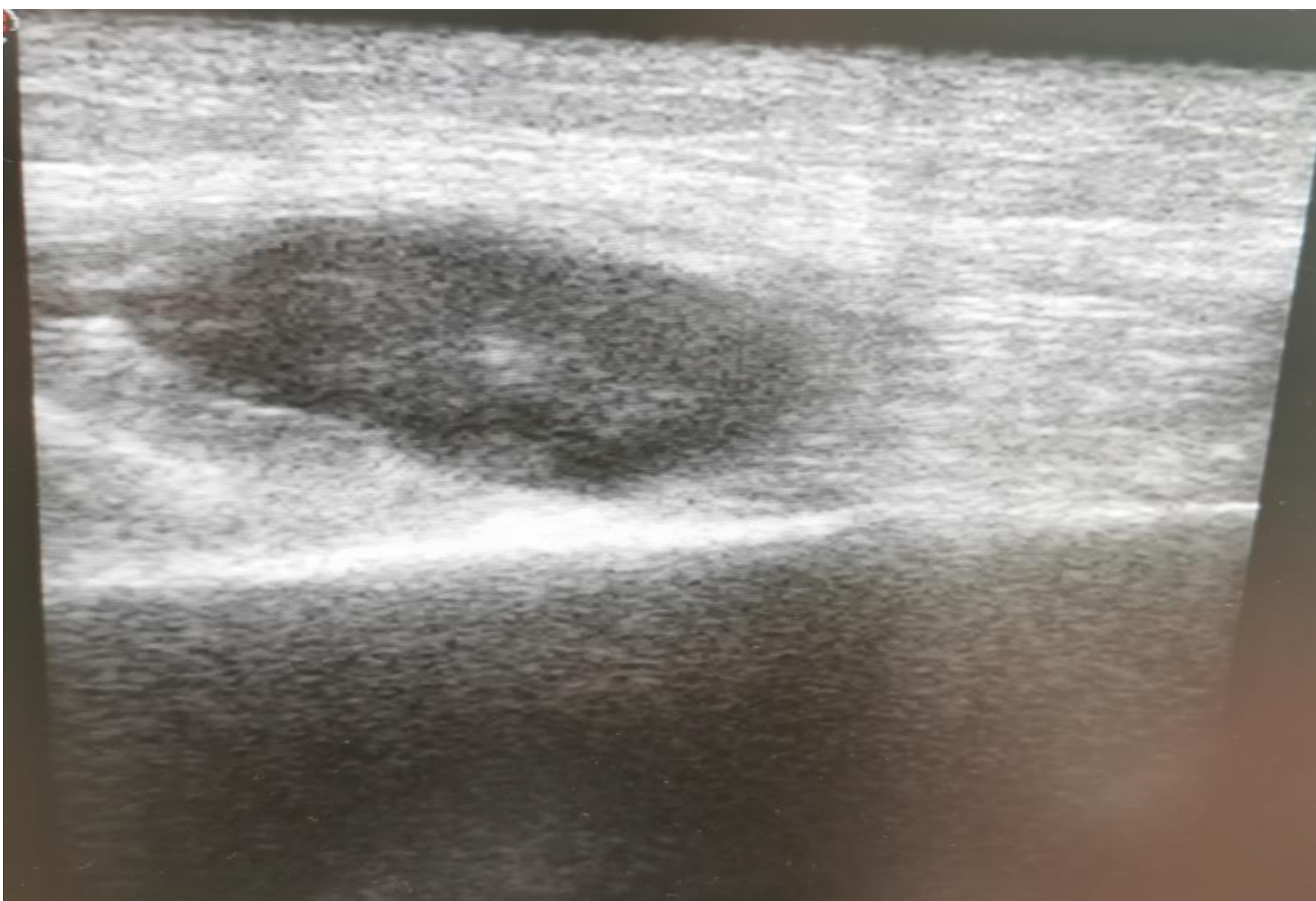


Figure 3. Bronchoscopic findings of an of an invasive adenocarcinoma on autofluorescence imaging

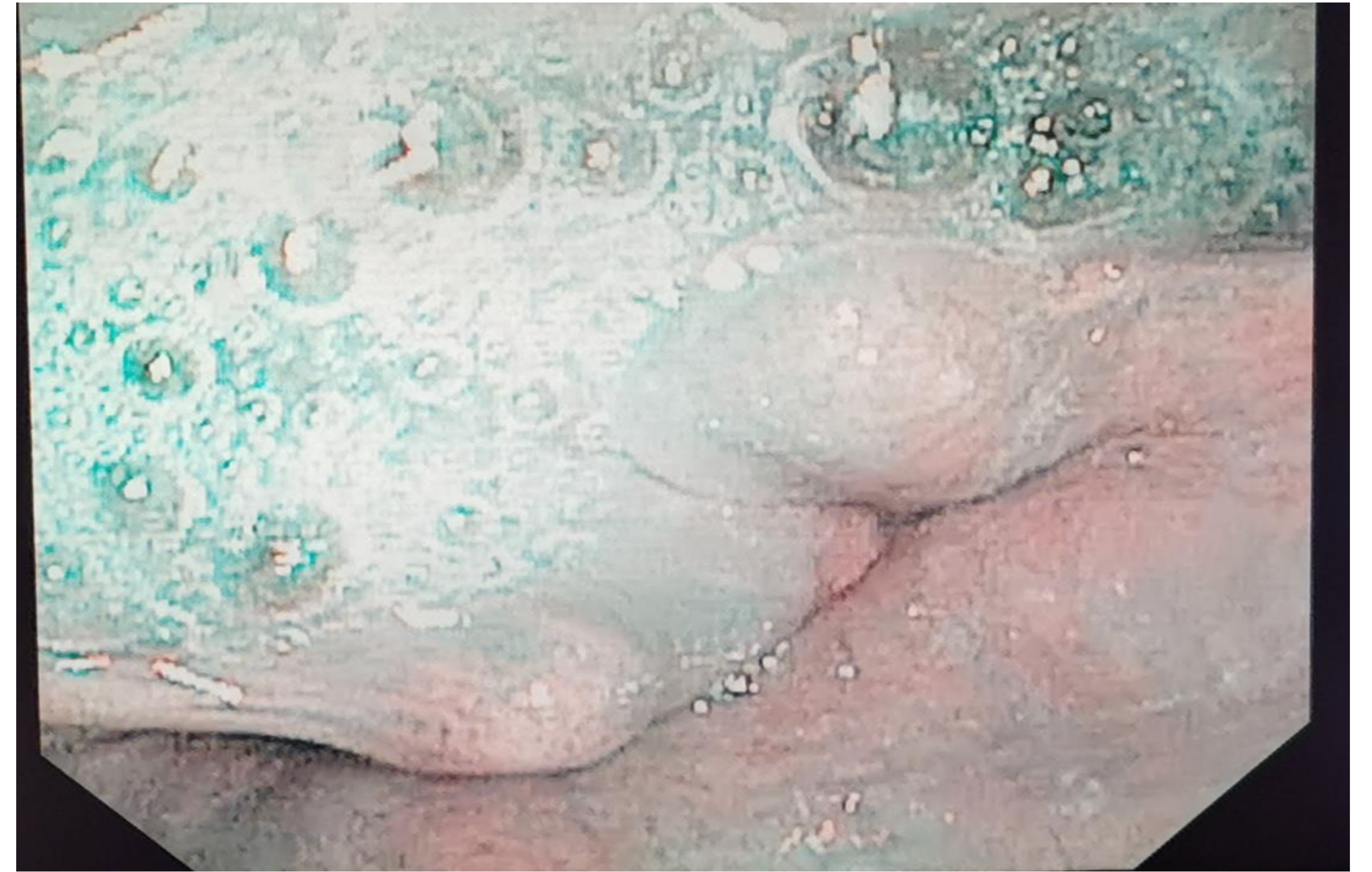
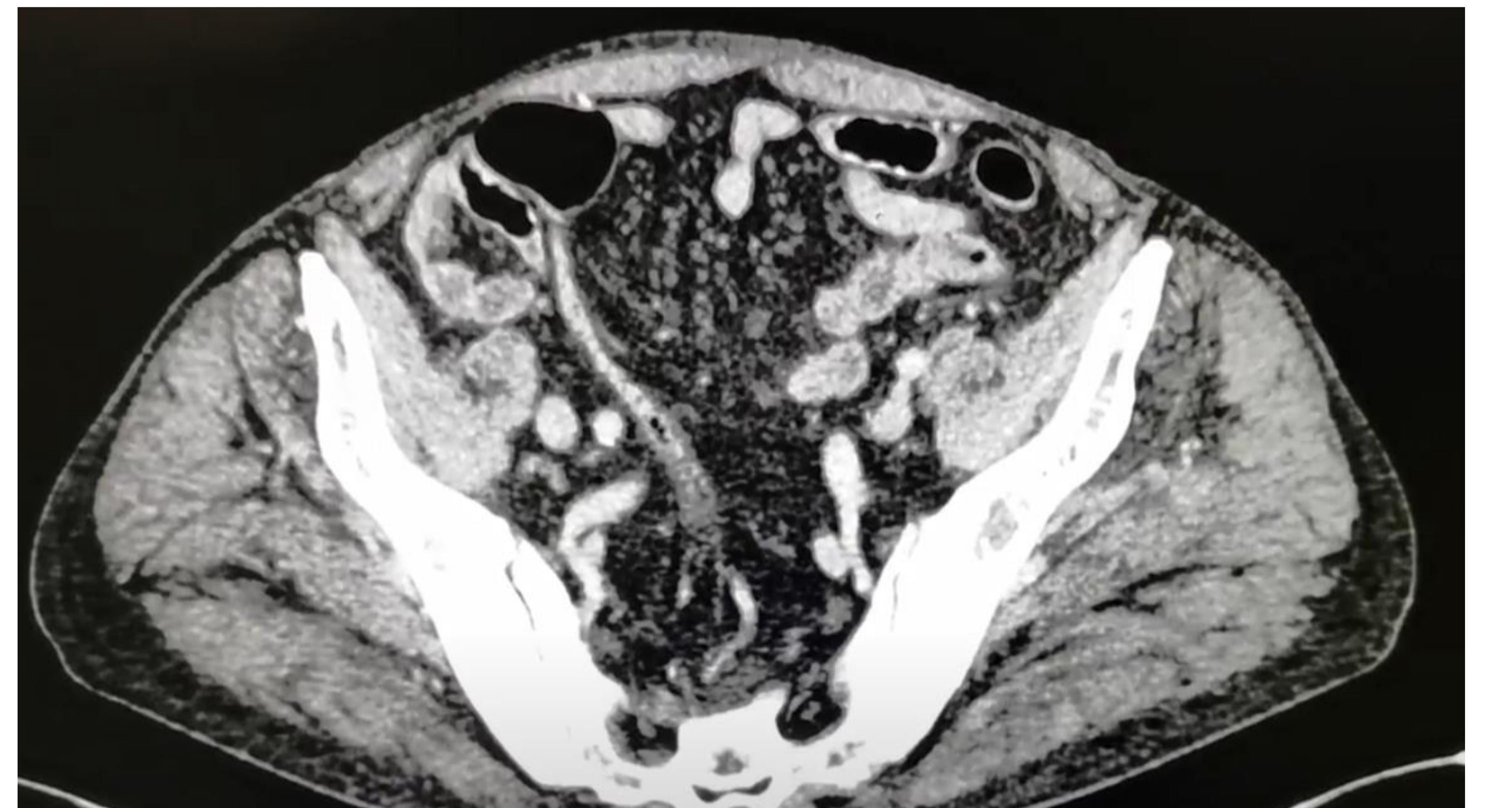


Figure 4. Computed Tomography imige



Conclusion

The particularity of this case is the presence of an ipsilateral identical shaped skeletal muscle metastasis on the lower and upper limb from a non-small cell lung cancer is unique. This finding highlights the importance of the differential diagnosis in patients presenting skeletal muscle lesions admitted in hospital for lung tumors.

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