Clinical Image

Soft-Tissue Mass. An Unusual Presentation of Metastatic Squamous Cell Lung Carcinoma

Masa de tejido blando. Una presentación singular de un carcinoma pulmonar de células escamosas metastásico

Rita Gomes, Filipa Fernandes, Filomena Luís

A Pulmonology Department of Hospital Sousa Martins, Unidade Local de Saúde da Guarda, Guarda, Portugal
b Faculty of Health Sciences, University of Beira Interior, Covilhã, Portugal

A 61-year-old man, smoker, with no significant previous medical history, was admitted to the respiratory medicine department with a 4-month history of right suprascapular swelling, progressively increasing in size, accompanied by intense local pain and limited mobility of the right upper limb. He reported asthenia and weight loss during the previous 4 months. He had no anorexia, fever, or respiratory complaints. Physical examination revealed marked weight loss, a suprascapular right mass of about 10 cm, and decreased breath sounds were detected on lung auscultation. Blood analysis showed elevated systemic inflammatory markers. Chest X-ray (Fig. 1) revealed a dense soft tissue mass in the right scapula and a cavitating mass with an air-fluid level in the upper half of the left lung. Chest CT (Fig. 1) confirmed the presence of a bulky mass invading the right scapula and the adjacent muscles and a cavitating lung mass in the left upper lobe (see legend). Pathology examination of both lesions revealed a poorly differentiated squamous cell carcinoma of the lung with metastasis to contralateral soft tissues. During hospitalization, the patient's general condition deteriorated progressively and, despite optimal supportive care, the patient died later due to disease progression.

Fig. 1. A–chest X-ray (posteroanterior incidence): mass with dense soft tissues in the right scapula, and a cavitation with fluid level in the upper half of the left lung. B and C–chest CT (coronal and axial planes): bulky heterogeneous mass of about 110 × 94 mm invading the right scapula and the adjacent muscles, with periosteal reaction of the scapula, and heterogeneous nodular formation in the apical posterior segment of the left upper lobe, with central cavitation, of about 88 × 80 mm, with invasion of the mediastinal fat and the chest wall. D–photography of suprascapular right mass after surgical biopsy.