

Cavitary Pulmonary Metastases and Aspergillosis: An Autopsy Case

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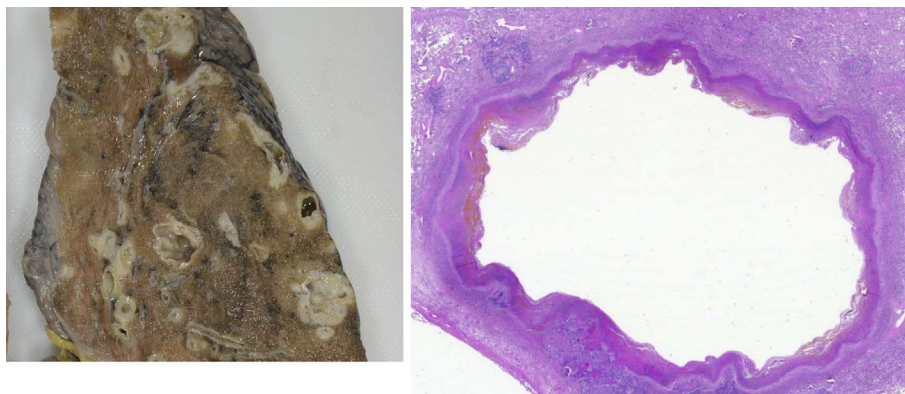
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Picture 1.



Picture 2.

A 54-year-old man was admitted to our hospital due to exertional dyspnea. Chest radiography and CT revealed a large, thick-walled cavitary mass and a hydropneumothorax in the right lung in addition to a right hilar tumor and multi-

ple small, thin-walled cavitary nodules (Picture 1). A trans-bronchial direct vision biopsy of the stenotic lesion of the right bronchus truncus intermedius revealed squamous cell carcinoma. The pleural effusion yielded *Aspergillus fumiga-*

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Picture 3.

tus.

The patient died despite all efforts, and an autopsy revealed squamous cell carcinoma in the right hilar tumor and multiple, thin-walled cavitory nodules (Picture 2). However, the thick-walled cavitory mass exhibited no malignant findings, and proliferation of *Aspergillus* hyphae was observed within the cavity lumen without hyphal invasion into the lung parenchyma (Picture 3). Therefore, the patient was diagnosed with chronic cavitory pulmonary aspergillosis and *Aspergillus* empyema as a complicating disease.

Cavitory pulmonary metastasis of squamous cell lung carcinoma is uncommon (1). The present patient was immunocompromised due to advanced lung cancer; therefore, *Aspergillus* infection in a preexisting cavity may have led to the

patient's deteriorated condition (2).

The authors state that they have no Conflict of Interest (COI).

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