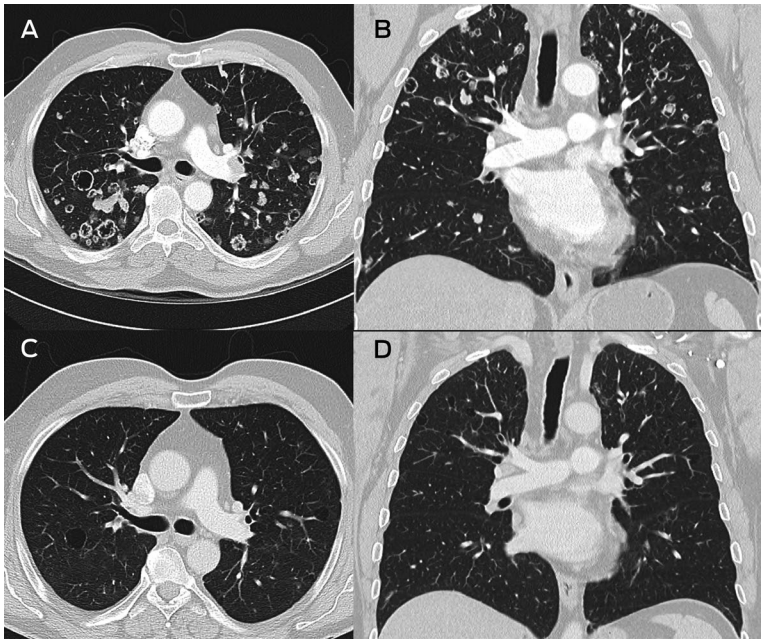
Snapshot

Cystic and cavitating lung lesions as a presenting finding of metastatic prostate cancer



Michael A Cilento[1,2]

Christopher M Hocking[1,2]

1 Lyell McEwin Hospital, Adelaide, SA.

2 University of Adelaide, Adelaide, SA.

michael.cilento@sa.gov.au

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A 56-year-old man presented with cough, dyspnoea and urinary symptoms. He was prescribed antibiotics and, when the symptoms did not improve, a computed tomography (CT) scan was ordered. The CT scan showed innumerable cavitating, cystic and solid lesions throughout both lungs, predominantly affecting the upper zones (Figure, A and B). Differential diagnosis for multiple cavitating and cystic lung lesions includes malignant, infective, vascular and inflammatory causes. Pulmonary metastases can occur secondary to a variety of primary cancers; cavitation may be suggestive of squamous cell carcinomas or less commonly sarcomas or adenocarcinomas.[1]

Bone scan showed metastatic disease. Prostate-specific antigen (PSA) blood test result was elevated to 199 µg/L (reference interval, 0.3–4.0 µg/L). Core biopsies of a lung lesion revealed metastatic prostate adenocarcinoma.

The patient started androgen deprivation therapy and received standard of care treatment with six cycles of docetaxel chemotherapy,[2] with a reduction in PSA to 0.05 µg/L and a marked improvement in the multiple pulmonary lesions on CT scan (Figure, C and D).

Competing interests: No relevant disclosures. ■

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2 Kyriakopoulos CE, Chen YH, Carducci MA, et al. Chemohormonal therapy in metastatic hormone-sensitive prostate cancer: long-term survival analysis of the randomized phase III E3805 CHAARTED trial. *J Clin Oncol* 2018; 36: 1080–1087. ■