

A Rare Complication of a CT-Guided Biopsy

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CASE SUMMARY

A 68-year-old gentleman presented with severe abdominal discomfort which led to the incidental finding of a right upper lobe mass. A positron emission tomography/computed

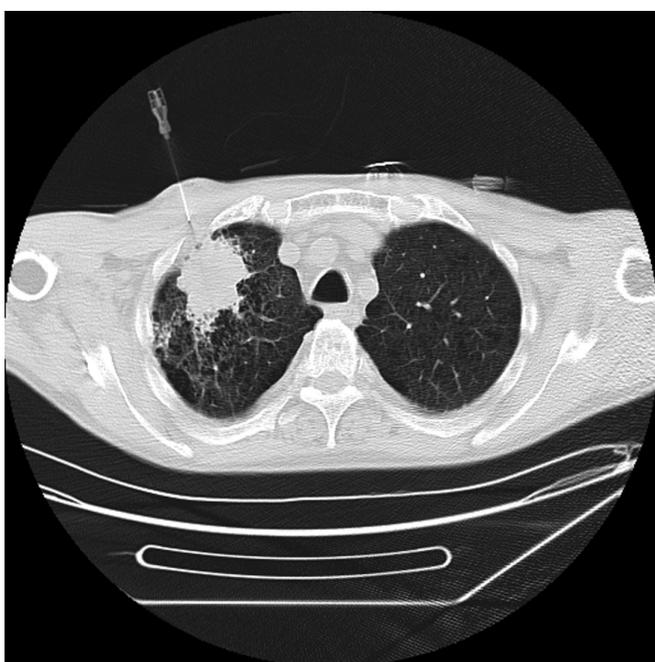


FIGURE 1. Axial computed tomography obtained in preparation for biopsy with the needle on the chest wall.



FIGURE 2. Contrast enhanced computed tomography (CT) scan 2 months after the initial CT scan demonstrating tumor tracking along the biopsy tract.

tomography (CT) was then performed which demonstrated increased metabolic activity limited to the peripheral mass. A CT-guided biopsy (see Figure 1) was performed with the pathology consistent with a poorly differentiated non-small cell lung cancer. The tumor increased in size from 2.3×1.9 cm on the CT-guided biopsy scan only 5 weeks later. A repeat diagnostic CT with contrast was recommended and performed now demonstrating the mass to be 8.8×5.9 cm. As seen in Figure 2, there is direct extension of the tumor outside the chest wall in the exact tract of the needle (see Figure 1). This is a rare complication for patients with lung cancer,¹ which is more commonly seen in aggressive malignancies.

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