

Persistent Part-Solid Nodule in the Lung Represents Pulmonary Adenocarcinoma

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A 58-year-old female nonsmoker was referred for evaluation of an incidentally detected nodule in the right upper lung that had been detected on computed tomography (CT) scan performed for lung cancer screening. She had no pulmonary symptoms and was well. Nonenhanced CT scan of the chest revealed a 20-mm nodule having peripheral ground-

glass opacity portion and central solid portion, known as “part-solid nodule” in the right upper lobe (Figure 1A, arrow). This nodule remained unchanged on follow-up CT scan taken 1 month later. She underwent lobectomy of the right upper lobe because persistent part-solid nodule is highly suggestive of pulmonary adenocarcinoma with bronchioloalveolar car-

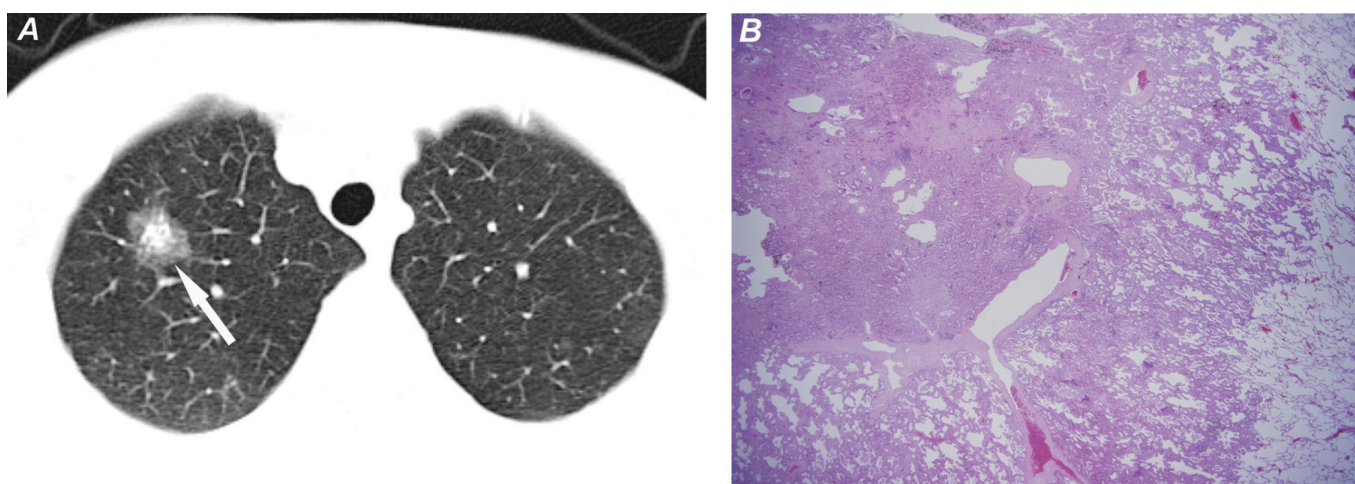


FIGURE 1. Persistent part-solid nodule representing pulmonary adenocarcinoma in a 58-year-old woman. A, nonenhanced computed tomography (CT) scan of the chest shows a 20-mm nodule having peripheral ground-glass opacity portion and central solid portion, known as “part-solid nodule” in the right upper lobe. This lesion remained unchanged on follow-up CT taken 1 month later. B, photomicrograph from lobectomy specimen reveals that this lesion is pulmonary adenocarcinoma with bronchioloalveolar carcinoma pattern (Hematoxylin-eosin stain, $\times 5$).

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cinoma pattern. Pathologic examination of tissue obtained from lobectomy (hematoxylin-eosin stain, $5\times$) confirmed the diagnosis of pulmonary adenocarcinoma with bronchioloalveolar carcinoma pattern (Figure 1B). She remained well, with no evidence of recurrence, 3 years after surgery. Pulmonary adenocarcinoma with bronchioloalveolar carcinoma pattern should be considered when persistent part-solid nodule is identified.¹

REFERENCE

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