

The Moth-Eaten Lung

Lung Adenocarcinoma with Cavitating Miliary Intrapulmonary Carcinomatosis

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CASE PRESENTATION

A 64-year-old man of Asian descent presented to our clinic because of dry cough and shortness of breath for 2 months. He was a never-smoker and denied tuberculosis exposure. His chest radiography showed diffuse miliary nodules distributed at bilateral lungs. The computed tomography of chest showed a 2.5-cm nodule at the superior segment of right lower lung and widespread of cavitating and noncavitating miliary nodules at bilateral lungs (Fig. 1). A diagnosis of stage IV lung adenocarcinoma with *EGFR* exon-19 deletion mutation was made.

The patient was treated with afatinib 40 mg per day. On afatinib treatment at 3 months, the chest computed tomography showed shrinkage of the main tumor and regression of the cavitating and noncavitating miliary nodules (Fig. 2). The patient is currently undergoing afatinib treatment with good partial response.

Lung is frequently a metastatic site for non-small-cell lung cancer. It can present as multiple lung nodules, lymphadenopathy, and effusion on chest imaging.¹ Nevertheless, lung cancer with cavitating miliary carcinomatosis is extremely uncommon. It indicates a hematogenous dissemination of cancer cells and usually carries a rapidly fatal clinical course.^{2,3} Interestingly, this patient population has been shown to harbor a higher rate of adenocarcinoma and *EGFR* mutation, especially *EGFR* exon-19 deletion mutation.⁴

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FIGURE 1. Chest computed tomography showed a 2.5-cm nodule at superior segment of right lower lung and widespread of cavitating and noncavitating miliary nodules at bilateral lung.

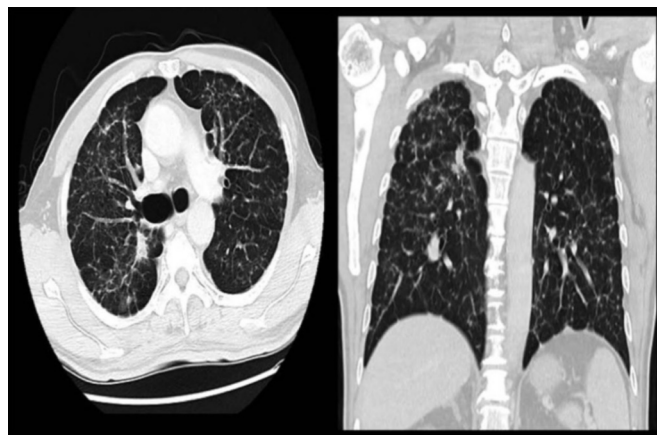


FIGURE 2. On afatinib treatment at 3 months, the main tumor decreased in size, and the cavitating and noncavitating miliary nodules regressed.

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