

115 年奇美醫院胸腔內科臨床病例討論會

- 1 時間：115年 05 月 26日 PM: 4:00-5:00
- 2 課程活動題目:Lymphangitic carcinomatosis in CXR
- 3 主持人：柯獻欽
- 4 地點：奇美醫學中心 10 樓空橋討論室
- 5 聯絡人：黎安騏 (06-2812811 #57132)
- 6 摘要：

Lymphangitic Carcinomatosis

7% of all pulmonary metastases

It is caused by tumor cell accumulation within the lymphatics.

Primary Source:

"Certain Cancers Spread By Plugging The Lymphatics"

Cervix

Colon

Stomach

Breast

Pancreas

Thyroid

Larynx

Clinical presentation

Progressive dyspnea and rarely as cough & hemoptysis.

In most cases the tumor disseminates hematogenously to the lungs and only secondarily penetrates the vessel walls and invades the surrounding interstitium and lymphatics. Thus, the tumor spreads from the lung periphery centrally via the interstitium around the lymphatics. The most common malignancy associated with lymphangitic mets is bronchogenic carcinoma (particularly if unilateral), followed by breast and GI malignancies. About 80% of tumors associated with lymphangitis mets are adenocarcinomas. Patients commonly experience shortness of breath, have widened alveolar-arterial oxygen gradients, and restrictive defects on pulmonary function testing. Lymphangitic mets are associated with a very poor prognosis, frequently with death within 6 months.

Labs

CXR: Septal lines (Kerley B lines), restrictive defect on PFTs; biopsy showing malignant cells, normal heart size, hilar adenopathy

CXR may be normal (in up to 50% of cases), or demonstrate a reticular or mixed reticulonodular pattern. A pleural effusion is found in 60% of cases. Hilar adenopathy is noted in less than 25-50% of cases.

On HRCT there is variable, smooth, irregular, or nodular thickening of the interlobular septae which often have a beaded appearance. The septal thickening outlines the pulmonary lobules producing "polygonal arcades." Another characteristic feature is either smooth or nodular thickening of the peribronchovascular interstitium. Similar changes can be seen along the fissures. In many patients the abnormality is unilateral (30-50%) or patchy, sparing some areas of lung. Pleural effusion is found in 30% of patients. Hilar adenopathy is found in 30% of cases. Patients with lymphangitic carcinomatosis due to extrathoracic malignancies have bilateral abnormalities at presentation in up to 80-90% of cases.

Centrilobular (intra-lobular bronchovascular) interstitial thickening is also common. An important finding is that **the normal lung architecture is preserved**, honeycombing is NOT a feature associated with this condition.

Differential considerations: Smooth septal thickening can be seen with pulmonary edema. Nodular septal thickening is also seen with sarcoid, silicosis, and coal workers pneumoconiosis- however, these disorders are associated with architectural distortion.