

Bronchioloalveolar carcinoma: differential diagnosis

CRISTINA ROIG SALGADO¹, ANTONIO MARTÍNEZ OVIEDO²

¹Servicio de Radiodiagnóstico. ²Servicio de Urgencias. Hospital Obispo Polanco. Teruel, Spain.

Bronchioloalveolar carcinoma is a rare type of lung adenocarcinoma. It accounts for approximately 5% of all primary lung malignancies in our setting, and most often affects non-smoking women. In the early stages it often presents as a peripheral lung nodule. However, in advanced stages it presents radiologically as diffuse bilateral alveolar infiltrates, which raises the need for differential diagnosis with other conditions more commonly seen in emergency department, such as pneumonia, pulmonary edema, pulmonary

hemorrhage, respiratory distress, sarcoidosis, tuberculosis etc.

We present the case of a 62 year-old smoker who visited the emergency department for dry cough and effort dyspnea which had worsened to dyspnea at rest in the last few days before this visit. He was afebrile and tachypneic, and supraclavicular lymph nodes were palpated. The main infectious and reactant indicators of acute phase were negative. Sputum cytology was positive for adenocarcinoma. The patient died a few days later.



Figure 1. Left lateral chest x-ray radiograph, and PA x-ray (right) in a case of bronchoalveolar carcinoma.

CORRESPONDENCE: Cristina Roig Salgado. C/ Marqués de la Cadena, 50, 9º A, Esc 2. 50014 Zaragoza, Spain.

E-mail: timanfaya40@hotmail.com

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