CASE 3 75 Y/O MAN

Brief history

- Past history
 - Hypertension
 - BPH
 - NSAID allergy
- Chief complain

Cough for 2-3 days

Imaging studies

CXR Chest CT +C

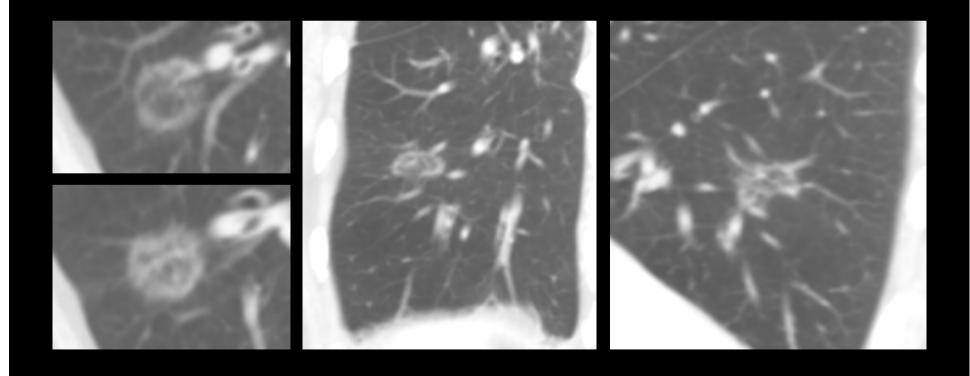
CXR

✓ A 2.4cm, faint nodular lesion at RLL field



CECT of chest

- ✓ A relatively well-defined ground glass opacity at RLL, size about 1.9x1.8cm, with central hypodensity and suspicious reverse halo sign
- ✓ Another tiny subpleural nodule at LLL



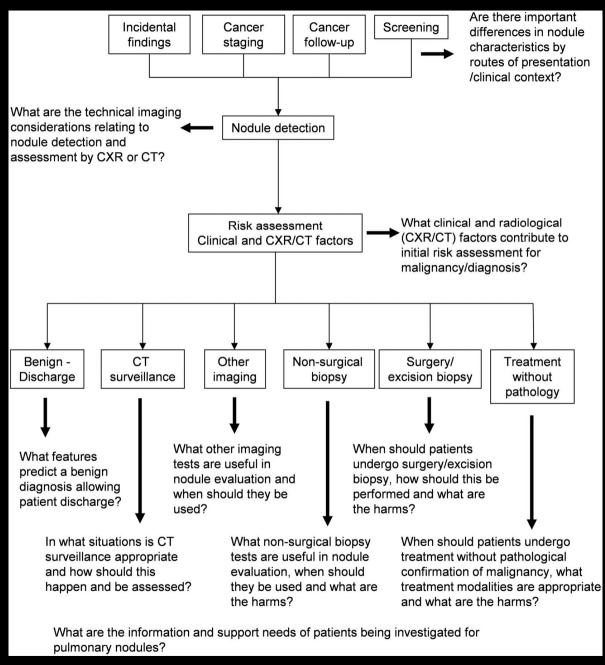
Differential Diagnoses

- Organizing pneumonia
- Lung cancer

VATS segmentectomy

Pathological diagnosis

Invasive adenocarcinoma, acinar predominant



Callister ME, Baldwin DR, Akram AR, et al. British Thoracic Society guidelines for the investigation and management of pulmonary nodules. Thorax. 2015;70 Suppl 2:ii1-ii54.