



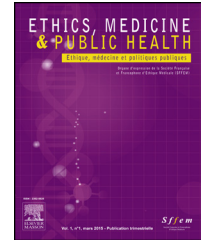
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LETTER TO THE EDITOR

When COVID-19 saves lives: Accidental cancer diagnosis in an epidemic context



Keywords Incidentaloma; Diagnosis; Cancer; Radiology

Dear editor,

The COVID-19 pandemic has been the cause of an inflation in the number of CT examinations carried out as part of the assessment of bronchopulmonary and thoracic vascular lesions [1]. In this context, we would like to point out the fact that some of these examinations have made it possible to highlight carcinomatous lesions sufficiently early to be considered as curable. Here are two significant examples to illustrate this point.

Case #1, a 65-year-old man, insulin-dependent diabetic, in whom a thoracic angio-CT scan was made on 01/27/2021 for oxygen-flow dependence with COVID positive PCR. This CT-scan revealed severe pneumonitis with 50 to 75% damage to the lung parenchyma and pulmonary embolism. The patient was then hospitalised and put on anti-coagulation. During his hospitalisation, a microcytic anaemia was discovered with rectal bleeding. Additional examinations identified adenocarcinoma of the rectum stage T4N2M0. To date, there is a chemotherapy, radio-chemotherapy and surgery project for this patient.

Case #2, a 76-year-old man with diabetes and hypertension, in whom a thoracic angio-CT scan was made on 10/30/2020 for dyspnoea with oxygen-flow dependence and suspicion of COVID complicated by pulmonary embolism. This CT-scan revealed a SARS-COV2 pneumonia with moderate impairment (10–25%) of the pulmonary parenchyma, without pulmonary embolism, and a doubtful pancreatic mass to explore. Additional examinations identified main duct and branch ducts intraductal papillary mucinous tumours of the pancreas with high suspicion of malignant degeneration, without associated secondary lesion and without vascular contact that may contraindicate surgery. The patient sustained a left pancreatectomy; further microscopic examination confirmed foci of high grade dysplasia (considered as precancerous lesions).

Very clearly, these two examples illustrate two key concepts: firstly, that of non-interruption of diagnostic and therapeutic medicine of optimal quality in French university

hospitals, even in a pandemic period (without certainty that this is the case in other areas of the territory) [2]. Secondly, the fact that the increase in the frequency of CT examinations in a pandemic period could have been the cause of a diagnostic catch-up [3], and of – accidental? – rescued lives for a few lucky patients.

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The author declares that she has no competing interest.

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