



Colon adenocarcinoma: an uncommon cause of calcified pulmonary metastases

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A 52-year-old man presented with chest pain, cough, and right hip pain radiating to the lower limbs for 2 months. Chest, abdominal, and pelvic CT scans demonstrated the presence of a mass with stippled calcification in the right lung (Figure 1A), a calcified mass in the liver (Figure 1B), and a lytic lesion in the right ischium (Figure 1C). PET/CT showed high fluorodeoxyglucose uptake in all lesions (Figure 1D).

The patient had a history of a moderately differentiated sigmoid adenocarcinoma, treated 6 years prior. Staging chest and abdominal CT examinations performed at the time showed no other lesions. Lung, liver, and ischial

lesions were biopsied, and all corresponded to intestinal adenocarcinoma metastases. The patient was given palliative chemotherapy.

Calcifications in primary nodules suggest a benign nature, generally corresponding to granulomas or hamartomas. Several extrapulmonary primary tumors, however, are associated with calcified or ossified pulmonary metastases. These include osseous sarcomas, particularly osteosarcomas, papillary and mucinous adenocarcinomas, testicular and ovarian tumors, and medullary carcinomas of the thyroid.^(1,2)

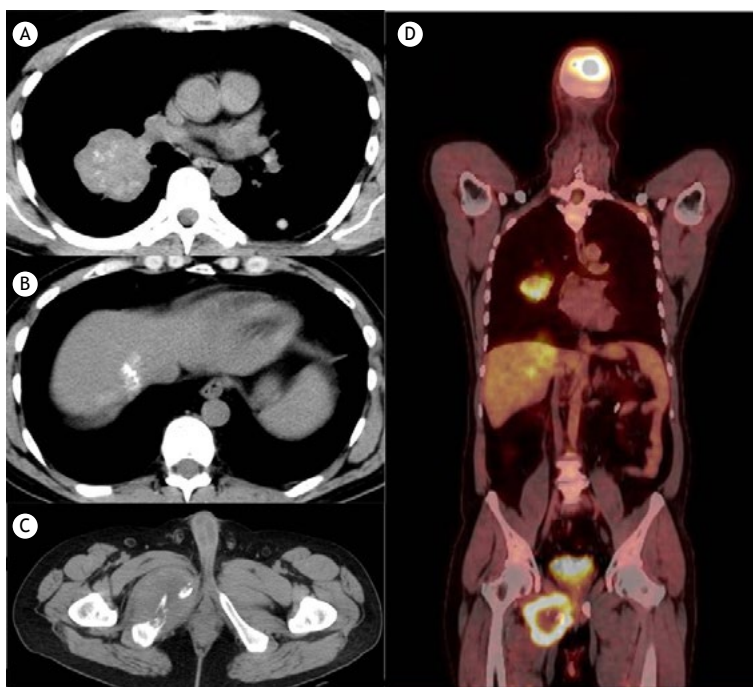


Figure 1. In A, axial chest CT image showing a mass in the right lung with stippled calcifications. Note the presence of another nodule in the left lung. Abdominal and pelvic CT demonstrated the presence of a calcified mass in the liver (B) and a lytic lesion in the right ischium (C). In D, PET/CT scan showed high fluorodeoxyglucose uptake in all lesions.

REFERENCES

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