A Case of Recurrent Pulmonary Infiltrates

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Introduction Lung cancer is the second most common cancer in USA. It present with variety of clinical and radiological manifestation. Here we present case of Lung Adenocarcinoma which presented with recurrent pulmonary infiltrates that were attributed secondary to cryptogenic organizing pneumonia. Case We present a 67 years old smoking male who presented to the hospital with progressive shortness of breath and cough. He has significant medical history of multiple admissions to multiple hospitals due to persistent pulmonary infiltrates, and hypoxia in which he was treated with multiple courses of antibiotics. Extensive workup in the past including infectious bacterial and fungal workup was negative. Mediastinal lymph nodes and transbronchial biopsies were negative for malignancy. He was diagnosed with cryptogenic organizing pneumonia and was started on steroids with loss of follow up in the outpatient setting. Upon presentation to our facility he was hypoxic with multiple GGO on CT and mild leukocytosis. He was started on broad coverage IV antibiotics. Sputum studies were sent. His oxygen requirement continued to worsen. Sputum cytology came back positive for Adenocarcinoma with KRAS mutation and negative PDL1 expression. Bronchoscopy was not done due to his respiratory status. Oncology were consulted. Patient underwent PET scan which was positive for hypermetabolic ground glass densities in the bilateral lungs with no other foci. Brain MRI was negative for brain metastasis. Unfortunately patient respiratory status continues to deteriorate. He was high risk for chemotherapy or radiation therapy. Due to rapid progressive decline in his clinical status Patient elected to be discharged to hospice care.

Discussion Adenocarcinoma of the lung can have variety of radiological presentation including nodules, masses, interstitial or ground glass opacification which can be mistaken for other infectious or noninfectious etiologies. In our case the patient had recurrent multiple ground glass opacities that fail to respond to multiple courses of antibiotics. Extensive infectious workup for bacterial, fungal and atypical organisms was negative. Work up for malignancy was negative three years prior to presentation. prior to his presentation he had multiple healthcare visits to different facilities in which he was treated for pneumonia with no or minimal improvement in his symptoms. This highlight the importance of having Lung Adenocarcinoma as an important differential for non-resolving/recurrent pulmonary infiltrates regardless of smoking history. It also highlight the importance of thorough medical evaluation and obtaining prior medical records during patient care.
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