Diagnostic Images

Triple pathology

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The patient

A 58 year old East African male smoker presented with a cough, constipation and weight loss.

Investigations

Chest films and double contrast barium enema.

Comment

A solitary pulmonary mass with a 'hairy' margin is usually a bronchogenic carcinoma but the appearances can be due to a metastasis, granuloma or even a rounded pneumonia. Cytological or histological confirmation is required except when a follow-up film shows the lesion to be significantly smaller. Fine-needle percutaneous biopsy is especially valuable in peripheral lesions and in this case confirmed poorly differentiated carcinoma.

The finding of a mass in the colon may suggest the lung lesion is a metastasis but the characteristic frond-like appearance indicates a villous adenoma. This was confirmed following colonoscopic biopsy. Although these tumours may secrete excessive mucus, this would not account for the symptoms of weight loss or constipation.

Double-contrast enema examinations produce good visibility of the rectum even at the anal verge, an area that may not be well visualized endoscopically and where tumours, inflammatory disease and haemorrhoids can all be demonstrated on routine double contrast enemas.

Figure 1 a and b A 3 cm mass is present in the posterior segment of the right upper lobe (arrows) projected close to the mediastinum on the frontal view and posterior to the trachea on the lateral view. A distinctly 'hairy' margin was visible on the original radiography.

Figure 2 a and b There is a 3 cm polypoid mass in the descending colon (arrows) with a 'frond-like' or lacy surface pattern clearly shown on the localized view (b).

Figure 3 Typical appearance of rectal haemorrhoids on the frontal view seen at the mucosal margin around the anus as well-defined rounded 'hillocks'. Straight arrows indicate haemorrhoids, curved arrows show the olive-tipped rectal tube.