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*Images in medicine*

# Infiltrating carcinoma of the lung

An 85-year-old man presented with a 10-day history of a dry cough and shortness of breath. He was an ex-smoker with no other medical history of note. On examination he was found to have a firm mass which was tethered to the left anterior chest wall (figure 1). A chest X-ray showed bilateral shadowing in both the left upper and right upper zones consistent with a neoplastic lesion. Bronchoscopy failed to show any endobronchial disease, but subsequent computed tomography (CT) scan of the thorax showed a large soft tissue mass originating from the left lung, infiltrating the anterior chest wall and a smaller mass in the right lung (figure 2). A fine needle aspiration of the chest wall mass showed malignant epithelioid cells.

Direct chest wall involvement occurs in 2–8% of patients with carcinoma of the lung (stage 3 disease). Pulmonary and chest wall resection followed by reconstruction carries a low hospital mortality (3–4%), but a significant in-hospital morbidity (22%). Radical surgery offers the only hope of cure in these cases. We were unable to find any reports in the literature of carcinoma of the lung infiltrating the anterior chest wall associated with contralateral lung involvement. Surgery was not a viable option in this man due to bilateral disease. Despite the extensive involvement of the chest wall our patient remains relatively asymptomatic.

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**Figure 1** Mass arising from the left anterior chest wall

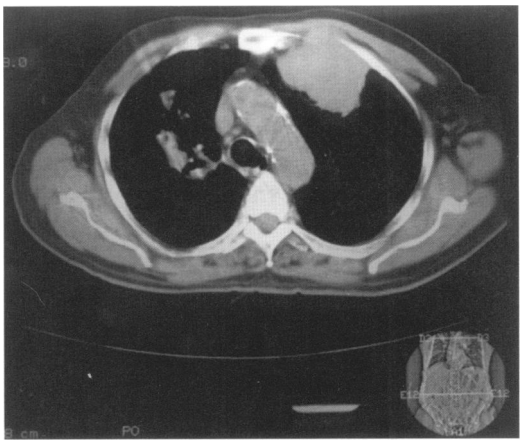

**Figure 2** CT scan of the thorax showing a large infiltrating tumour of the left lung and a smaller tumour in the right lung