A female with a leiomyosarcoma presenting with acute thoracic pain and dyspnoea

R.W. van der Pluijm¹, M.J. Lamers², M. de Boer³, W.T.A. van der Graaf³, H.W.M. van Laarhoven¹,4*

¹Department of Internal Medicine, Radboud University Nijmegen Medical Centre and Academic Medical Centre, University of Amsterdam, the Netherlands, ²Department of Radiology, Radboud University Nijmegen Medical Centre, Nijmegen, the Netherlands, ³Department of Medical Oncology, Radboud University Nijmegen Medical Centre, Nijmegen, the Netherlands, ⁴Department of Medical Oncology, Academic Medical Centre, University of Amsterdam, Amsterdam, the Netherlands,

*corresponding author: e-mail: h.vanlaarhoven@amc.uva.nl

CASE REPORT

A 49-year-old female was admitted to the Medical Oncology ward because of acute pain in her right lower chest. Seven days before she had started the first course of dacarbazine because of leiomyosarcoma of the uterus with pulmonary and pleural metastases. On admission a chest X-ray was performed, which is shown in figure 1. We started low-dose intravenous morphine and the pain subsided. However, eight hours later she woke up with acute dyspnoea, followed by loss of consciousness. The chest X-ray at that time is depicted in figure 2.

WHAT IS YOUR DIAGNOSIS?

See page 380 for the answer to this photo quiz.

Figure 1. X-thorax (AP) taken on admission

Figure 2. X-thorax during acute dyspnoea and loss of consciousness
**DIAGNOSIS**

The repeated thoracic X-rays showed rapidly progressive pneumothorax and hydropneumothorax in a patient known with pulmonary and pleural metastases of a uterine leiomyosarcoma. The suspected diagnosis calciphylaxia was not confirmed. The patient died two weeks later with the clinical picture of refractory cachexia.

Lanthanum carbonate is a commonly used drug in patients with advanced renal insufficiency. Considering the increasing number of these patients, it may be expected that the radiographic ‘abnormality’ described here will be increasingly encountered in the near future. Knowledge of the cause of these opacifications will prevent unnecessary diagnostic work-up.

**REFERENCES**


**DIAGNOSIS**

The X-ray image showed multiple opacifications located in the distal digestive tract (colon). The opacifications were caused by the presence of the drug lanthanum carbonate, a phosphate binder commonly used in dialysis patients. The X-ray finding is normal in patients who use this drug and has no clinical importance.

Lanthanum carbonate is a nonaluminium, noncalcium phosphate-binding agent. The element lanthanum has 57 protons, one more than the metallic alkaline earth element barium.

Several other substances may cause a more or less comparable picture, including barium enema and the drug bismuth citrate. Our patient had not used any of these agents, nor had he undergone any procedure requiring the use of contrast media.

**REFERENCES**