

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

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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



A FEMALE WITH A LEIOMYOSARCOMA PRESENTING WITH ACUTE THORACIC PAIN
AND DYSPNOEA

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. *Figure 1* shows left-sided hydropneumothorax with air-fluid level apical, cavitating intrapulmonary lesion paravertebral in the lingual lobe of the left lung with air-fluid level and multiple bilateral densities. *Figure 2* shows bilateral pneumothorax with partially collapsed lung due to pleural adhesions in lung with known multiple intrapulmonary densities. Spontaneous pneumothorax in leiomyosarcomas of the uterus has been reported previously,¹ but this extremely rapid progression is rarely observed. Possible causes of leiomyosarcoma-associated pneumothorax are the formation of bronchopleural fistulae secondary to tumour invasion or necrosis, direct pleural invasion by the tumour

or a 'check valve' mechanism.¹ In this last case the small airways are narrowed by cancer invasion, leading to the entrapment of air in and eventually rupture of alveolar spaces.

Because of the very rapid clinical deterioration of our patient and dismal prognosis we refrained from further interventions. Intravenous morphine was administered and she died within 45 minutes after the second X-ray was taken.

REFERENCES

1. Srinivas S, Varadhachary G. Spontaneous pneumothorax in malignancy: a case report and review of the literature. *Ann Oncol.* 2000;11:887-9.