A Case of the Week

Case 408

A seventy-eight-year-old female presented in our hospital with a referring letter. It said that she had a past illness history of having exposed asbestosis for approximately 4 years in the past, and two yeas before, a relatively large lesion in right lower lobe was depicted on chest radiograph, lesion's biopsy revealed no malignancy. She was under follow-up observation. She took chest CT for further investigation (Figs. 1-3).

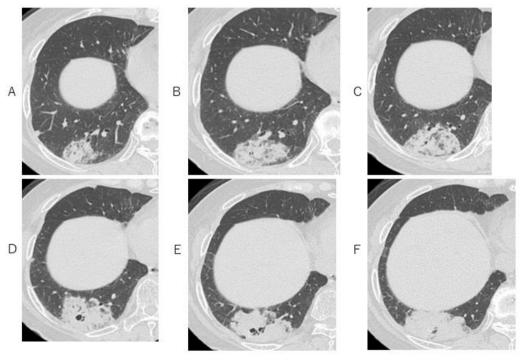


Fig.1 A round-shape mass with solid component in the center including cavity and ground glass opacity in the surrounding, is depicted in right lower lobe on axial CT with pulmonary level (A-F).

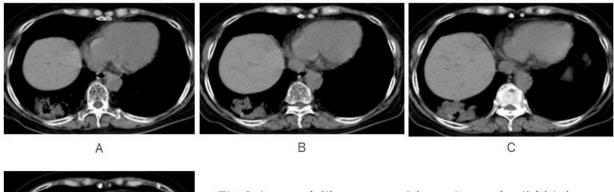
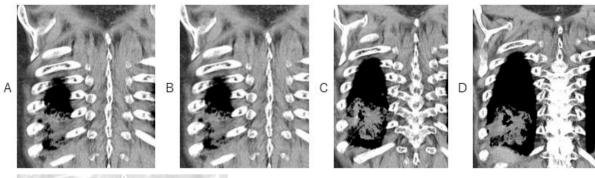




Fig.2 A round-like mass with cavity and mild high attenuation is depicted on axial CT with mediastinum level (A-D). Note that high attenuation component in the mass are contained (B-D).



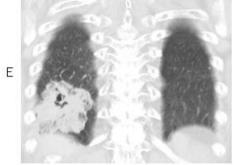


Fig. 3 A round shape mass with cavity and high attenuation component is depicted on coronal CT with mediastinum level (A-D). Solid mass with cavity or dilated bronchus in the center and ground glass opacity in the surroundings(E).

What is a possible imaging diagnosis?

- a. Pulmonary abscess
- b. Granulation pneumonia
- c. Aspergillosis
- d. Mucinous infiltrative cancer
 - 1. abc 2. acd 3. bcd 4. all

answer

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