DESCRIPTION
A 62-year-old woman, with no significant medical history, was found unresponsive at home. Patient was intubated and rushed to our emergency room. She was found to be in renal failure with hyperkalaemia. Chest x-ray (figure 1) revealed multiple large pulmonary nodules highly suggestive of pulmonary metastases. CT scan of the thorax (figure 2), abdomen and pelvis (figure 3) revealed a large pelvic mass contiguous with bladder, with bilateral hydronephrosis and multiple large pulmonary masses with cavitation. Biopsy of the pelvic mass confirmed the diagnosis of high-grade transitional cell carcinoma. Unfortunately, patient elected not to undergo any aggressive interventions including chemotherapy, and chose hospice and palliative care. She passed away 1 month after the diagnosis.

Large, round, well-circumscribed metastatic pulmonary nodules are called ‘cannon ball’ metastases. They are usually associated with disseminated malignancy. They indicate a poor prognosis although rarely few cases with favourable outcome have been reported.1,2 These are classically seen in renal cell carcinoma, also seen in chorio carcinoma, endometrial cancer, prostate cancer and some gastrointestinal malignancies.1,2 However, association with bladder tumour is rare.

Learning points

▸ Large, round, well-circumscribed metastatic pulmonary nodules are called ‘cannon ball’ metastases.
▸ They are usually associated with disseminated malignancy and indicate grim prognosis.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCES
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