A suspicious lump of unexpected origin

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DESCRIPTION

An 86-year-old man presented to the acute medical take with a 1 day history of sharp right-sided chest pain and increasing shortness of breath. He was a current smoker with a 50-pack year smoking history and his medical history included chronic obstructive pulmonary disease, ischaemic heart disease, hypertension and Parkinson's disease. He also complained of a lump on his right upper chest that had been present for 3 months. This had slowly increased in size and was painless. During this time he had consulted several general practitioners who had prescribed him antibiotics and offered excision on a minor operating list.

The lump on presentation to the take is displayed in figure 1. This was a single, painless, firm, mobile, reddish, nodular skin lesion measuring about 4–5 cm in diameter and depth. He was mildly tachycardiac otherwise physical examination was unremarkable. He was hypoxic with a PaO₂ of 8.78 kPa on air and had a raised D-dimer. His plain chest radiograph is displayed in figure 2 and in view of his presentation a CT pulmonary angiogram was arranged to investigate a possible pulmonary embolism. As it was suspected that his lump was malignant, an urgent review by a dermatologist was arranged.

His CT revealed a large pancoast tumour at the right apex with invasion into his chest wall (figure 3). A separate nodule was found in his right lower lobe.

Figure 1 The lump on the patient's chest wall.

Figure 2 Plain chest radiograph.

Figure 3 A CT slice showing a mass at the apex of the patient's right lung.

He subsequently underwent fine needle aspiration of the skin lump, cytology revealing metastatic non-small-cell carcinoma of the lung.

Learning points

- ▶ Skin metastases from the lung cancer are rare.¹
- ▶ This is usually associated with a poor prognosis.²
- ▶ Must be ruled out in patients with suspicious skin lesions and history of smoking or lung cancer.

Competing interests None.

Patient consent Obtained.

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