



# An Unusual Cause of Cannon Ball Metastasis-Squamous Cell Carcinoma of Lung

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## Image Article

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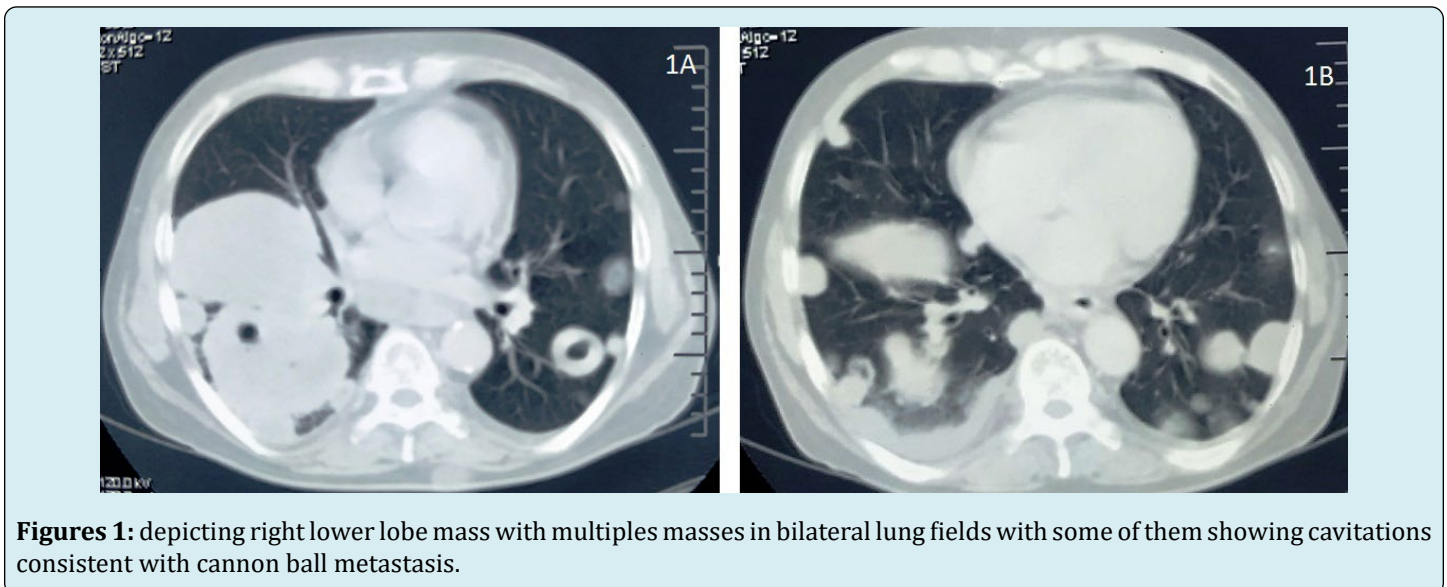
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## Image Article

A 68-year-old male patient who is a chronic smoker with smoking index of 450 presented to outpatient department with complains of right sided dull aching chest pain, hemoptysis and shortness of breath for the preceding 3 months. Before visiting to us he was taking anti-tuberculosis drugs for the last 2months on clinic-radiological basis without much symptomatic improvement. His vitals were stable and on general examination there was no pallor, lymphadenopathy, clubbing or pedal edema. Breath sounds were decreased on the right infrascapular and infraaxillary area. Computed Tomography of thorax revealed mass in the

basal segments of the right lower lobe with multiple masses in the bilateral lung fields with some of them showing cavitations, mediastinal lymphadenopathy and mild right pleural effusion consistent with neoplastic etiology (shown in figure 1A and 1B). Ultrasound guided transthoracic biopsy was performed from the right lung mass and nodule in the left lung and histopathology revealed squamous cell carcinoma in both the reports. So, he was diagnosed as advanced stage squamous cell carcinoma of lung with cannon ball metastasis in the opposite lung (stage IV, M1a).



## Discussion

Cannon ball metastasis in the lungs are usually caused by renal cell carcinoma, gastrointestinal malignancies or

choriocarcinoma [1]. These metastasis usually represent hematogenous spread of the cancer in the organs like lung. Other benign causes for this presentation are tuberculosis,

fungal infections and arteriovenous malformations [2,3]. Some of these lesions can cavitate if the blood supply of the lesion in the centre is compromised due to its rapid growth. Here in this case we report a case of biopsy proven squamous cell carcinoma of the lung with cannon ball metastasis in both the lung fields. To the best of our knowledge till now only few cases were reported in the literature [4].

### References

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