

Diffuse bronchoalveolar carcinoma

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A 36-year-old female farmer presented with dry cough for 3 months and dyspnea for 20 days. On admission to our hospital, physical examination showed bilateral pulmonary crepitus. Analysis of arterial gas on room air revealed hypoxemia. Pulmonary function testing showed a forced vital capacity of 39% and a diffusion capacity of 54% of the predicted values. Chest radiography (Figure 1) showed bilateral diffuse miliary nodules; chest computed tomography (Figure 2) showed diffuse disseminated small nodules and partially confluent to form larger nodules or consolidations. Pathological examination of transbronchial biopsy (Figure 3) showed lepidic growth of nonmucinous cuboidal cells along intact and mildly thickened alveolar septa, which was diagnosed as nonmucinous bronchoalveolar carcinoma. The mutation of EGFR gene was negative. Unfortunately, the patient died from respiratory failure 2 months later.

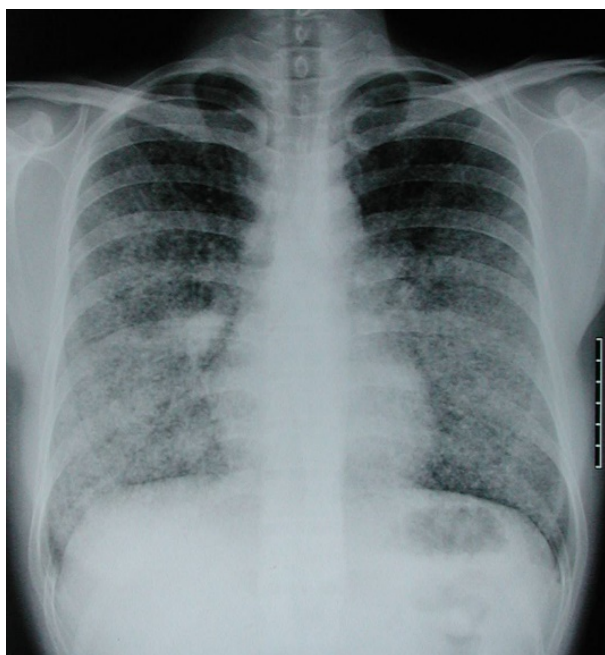


Figure 1. Chest radiography

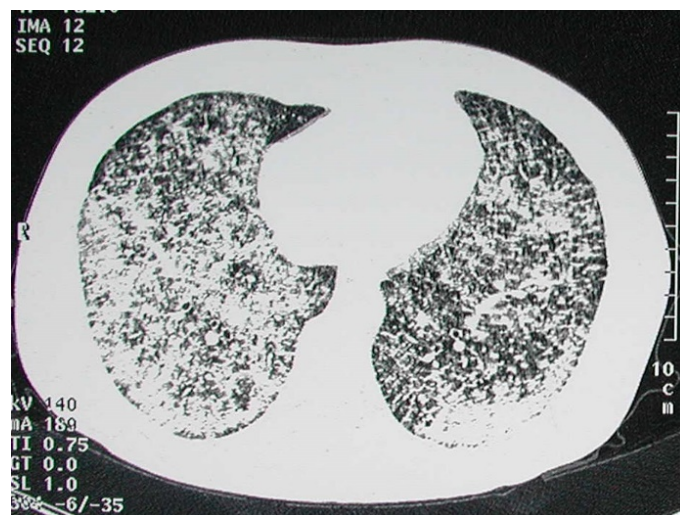


Figure 2. Chest computed tomography

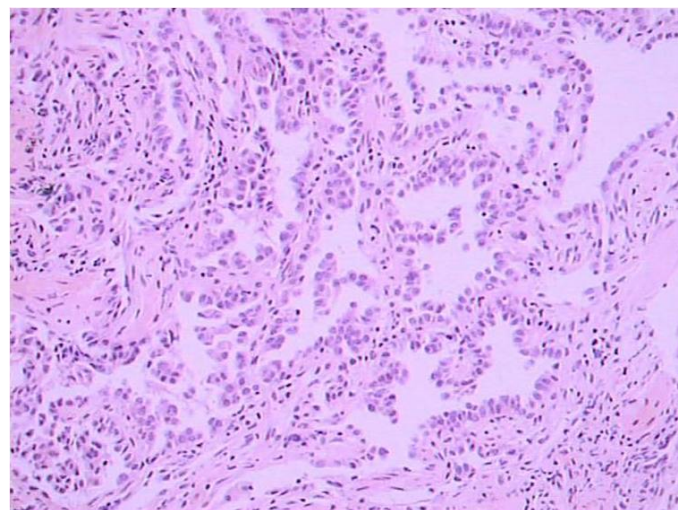


Figure 3. Pathological examination of transbronchial biopsy

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