

Phantom tumor of the lung in a patient with preserved left ventricular systolic function

Sol ventrikül sistolik fonksiyonu korunmuş bir hastada akciğerin hayalet tümörü

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CASE

A 69-year-old male patient chronic smoker with a past history of hypertension, myocardial infarction was admitted with complaints orthopnea. Examination revealed a blood pressure of 150/100 mmHg, pulse 114/min, tachypnea, jugular venous distention. Extensive bilateral crackles over both lung fields. The findings were consistent with the diagnosis of acute pulmonary edema. Chest radiography and tomography revealed a spherical mass in the middle lobe of the right lung, obscuring the right side of the cardiac silhouette (Fig. 1). Echocardiographic evaluation showed preserved left ventricular systolic function with ejection fraction of 60%, and signs of restrictive type of diastolic dysfunction (E/A=4.8, DT 100 msec). An increase in diuretic dose resulted in improvement in the patient's symptoms and A repeat radiograph and tomography (Fig. 2) after

successful treatment of the acute pulmonary edema showed complete resolution of the opacity consistent with the diagnosis of "pseudotumor" or "vanishing tumor" or "phantom tumor" of the lung. Phantom tumor is generally believed to occur in patients with systolic dysfunction (1). Phantom tumor of the lung refers to the accumulation of fluid in the interlobar spaces as a result of congestive heart failure, giving the radiological appearance of a neoplasm. Rapid radiological improvement in response to treatment for heart failure is a classical feature of this clinical entity. Although phantom tumor is generally believed to occur in patients with systolic dysfunction, in our case, its appearance was secondary to diastolic dysfunction. We presented phantom tumor of the lung in a patient with preserved left ventricular systolic function. *J Clin Exp Invest* 2013; 4 (2): 242-243

Key words: Phantom tumor, pseudotumor

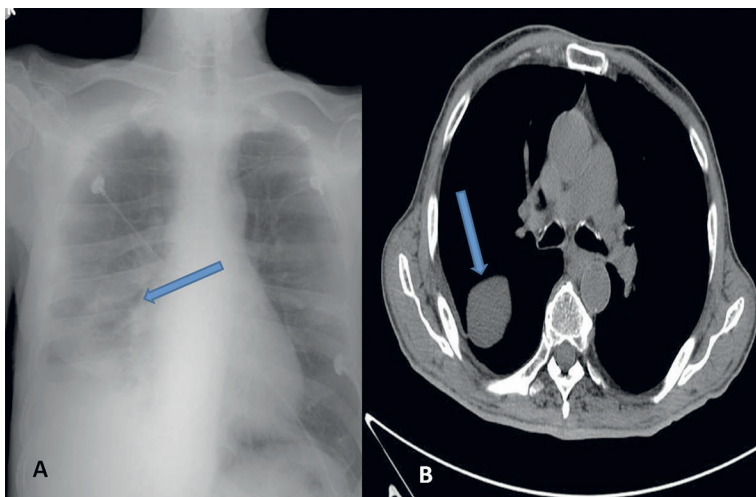


Figure 1 A. Chest X-ray PA view on admission shows sharply marginated biconvex opacity in the right interlobar fissure. B. Chest tomography view on admission shows opacity spherical mass of the right lung.

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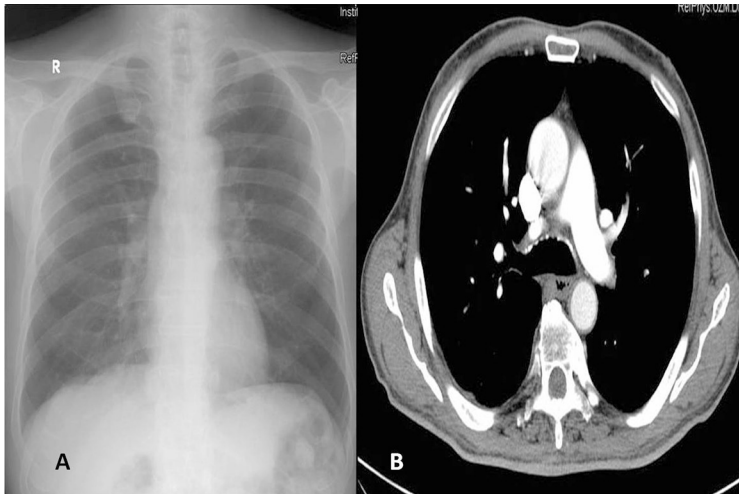


Figure 2. Chest Xray PA and chest tomography view after treatment of acute pulmonary edema with diuretics shows complete resolution of the opacity consistent with the diagnosis of phantom tumor of the lung.

REFERENCES

1. Buch KP, Morehead RS. Multiple left-sided vanishing tumors. *Chest* 2000; 118: 1486-9.