

# Diagnóstico Radiológico

## Diagnosis of the case presented in the previous edition

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### ADENOID CYSTIC CARCINOMA OF THE LEFT MAIN BRONCHUS

Diagnosis made through bronchoscopy-guided biopsy of a mass in the left main bronchus.



#### DESCRIPTION

- Chest X-ray:
  - Total opacification of the left hemithorax with dislocation of the ipsilateral mediastinal structures (atelectasis)
- Computed tomography of the chest with contrast:
  - Obstruction of the proximal portion of the left main bronchus caused by hypoattenuation of a lesion measuring approximately 2 x 3 cm, spreading the atelectasis to the entirety of the left lung, with dislocation of the ipsilateral mediastinal structures and compensatory hyperinflation in the right lung.

#### COMMENTS

- Adenoid cystic carcinoma (ACC), once known as cylindroma, is a low-grade malignancy that originates in the tracheobronchial mucous glands. It is one of the most common malignant tumors of the trachea, second only to squamous-cell carcinoma.
- The tumor typically appears after the age of 40 and may present unspecified symptoms such as cough, wheezing and dyspnea.
- There is no correlation with smoking, nor is there any gender-based predominance.
- The lesion generally grows along the tracheobronchial wall, infiltrating long stretches of the submucosa. It is locally invasive, and the rate of post-resection recurrence is high. It is most frequently seen in the posterolateral wall of the lower two-thirds of the trachea.
- Upon diagnosis, the tumor measured more than 2 cm in mean diameter.
- Regional lymph-node metastases are seen in 10% of patients.

- ACC occurs most frequently in the salivary glands, although it may also appear in other locations such as the breast, skin, uterine cervix, upper respiratory/digestive tracts and lungs.

- The imaging characteristics are similar to those of squamous-cell carcinoma and the differential diagnosis is difficult to make through imaging alone.

- The presentation is as an intraluminal mass with irregular contours that may be lobulated or smooth. The base of the lesion may either be wide and polypoid or pedunculated.

- The circumferential invasion may create the impression of tracheal stenosis.

- In simple X-rays, smooth or nodular thickening of the tracheal wall, with concomitant luminal narrowing, is seen.

- An accurate evaluation of the extraluminal aspects of the tumor can be made through computed tomography.

**Correct diagnoses of the case presented in the May/June 2004 issue: There were no correct responses.**

#### REFERENCES

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