|  |
| --- |
| **A case of pulmonary artery sarcoma** |
| Grace Yap1,2, Alistair Wright1,2, Harshan Jeyakumar1,3, Ajit Nair1,3  |
| *1General Medicine Department, Latrobe Regional Hospital**2School of Rural Health, Monash University* *3Monash Lung Sleep Allergy & Immunology, Monash Health and University* |
| **Introduction**Pulmonary artery sarcoma (PAS) is a rare tumour that is commonly misdiagnosed as pulmonary embolism due to the radiological appearance and symptoms. **Case**A 71 year old female with no past medical history or regular medications was initially reviewed by her general practitioner for dyspnoea, right sided pleuritic chest pain and cough associated with unintentional loss of weight. A computer tomography (CT) of her chest, abdomen and pelvis was performed, and showed a large expansile thrombus in the distal right main pulmonary artery. Two lung nodules were also noted, an 8mm nodule abutting the left upper lobe fissure and a 6mm subpleural nodule in the left apex. Apixaban was commenced at this time. On follow up with a local respiratory physician, a repeat CT and PET scan was performed for persistent symptoms, and demonstrated the pulmonary artery thrombus had increased in size despite anticoagulation therapy. Transthoracic echocardiogram showed moderate pulmonary hypertension with an elevated RVSP of 52mmHg and mild pulmonary regurgitation. An endobronchial ultrasound-guided biopsy was performed. Histopathology of an endobronchial right middle lobe tumour was consistent with a poorly differentiated sarcoma, and both FNA were positive for malignancy. After discussion in Lung Cancer Multidisciplinary Meeting, she was referred for medical oncology review for systemic therapy.**Discussion**PAS is difficult to distinguish clinically from PE and is initially misdiagnosed as PE in approximately half of patients. The prognosis of PAS remains poor, with a median survival of 8-36 months with treatment. The presence of pulmonary hypertension is associated with increased mortality. Early diagnosis and management does not appear to have an impact on prognosis.**Grant Support** Nil**References**Cervilla-Muñoz, Eva, et al. "Differential diagnosis and treatment approach to pulmonary artery sarcoma: a case report and literature review." *ERJ open research* 6.3 (2020).Mussot S, Ghigna MR, Mercier O, et al. Retrospective institutional study of 31 patients treated for pulmonary artery sarcoma. Eur J Cardiothorac Surg 2013; 43: 787–793. Pu X, Song M, Huang X, et al. Clinical and radiological features of pulmonary artery sarcoma: a report of nine cases. Clin Respir J 2018; 12: 1820–1829.  |