CLINICAL VISTAS BRIEFS

What's your call?



Chest radiograph of a 57-year-old woman who presented with progressive dyspnea and profuse pink frothy sputum that began 6 hours after the onset of left hemiplegia.



A 72-year-old man with a 15-year history of diabetes mellitus presented with an asymptomatic, whitish-yellow plaque on the sole of his right foot. The lesion measured 7 cm \times 4.5 cm and had a verrucous surface and a peripheral hyperkeratotic collarette.



Foot radiograph of a 70-year-old man with intermittent sharp pain in his left first metatarsal.

See page 250 for diagnoses.

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Acrometastasis from squamous cell lung cancer

This patient was a heavy smoker and had a dry cough. In the 2 months before presentation, he had experienced an unintentional 4 kg-weight loss. A radiograph showed an osteolytic lesion at the distal phalanx of his left first



Figure 1: Radiograph of left foot showing an osteolytic lesion (arrow) at the distal phalanx of the first metatarsal.

metatarsal (Figure 1). A bone scan showed increased tracer uptake at this site (Figure 2) and other parts of the left foot. A chest radiograph showed a mass in the right lower lobe of the lung, confirmed to be squamous cell lung cancer. An excisional biopsy of the phalangeal lesion revealed metastatic squamous cell carcinoma. The patient received palliative chemotherapy; he died 11 months after diagnosis.

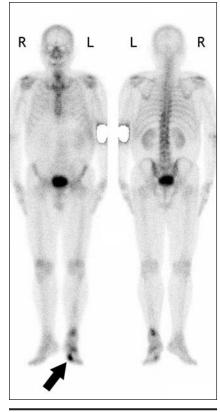


Figure 2: Bone scan showing increased tracer uptake at the left first metatarsal (arrow), ankle and heel.

Acrometastasis usually presents as a manifestation of widespread metastasis; however, in rare cases it can be the first sign of metastatic disease. In such cases it is often mistaken for an inflammatory or metabolic condition (e.g., gout, pseudogout, osteoarthritis, nondisplaced fractures) or a soft-tissue infection, which results in a delay in diagnosis, inappropriate therapy and inaccurate tumour staging. Fineneedle aspiration or biopsy for cytology allows differentiation of malignant and benign processes.

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