

## Clinical Pathologic Conference 2014-10-3

Name of the patient: 吉	Presented by : 胸腔內科	余志騰醫師	
Chart Number: 2xxxxxxx	Discussed by : X 光科	陳建銘醫師	
Age: 48-year-old	解剖病理科	王志偉醫師	
Married status: married	Moderator :	解剖病理科	孫建峰醫師
Occupation: service industry			

### Chief Complaint:

Lung lesions were noted by healthy examination 4 months ago at outside hospital.

### Present Illness:

This 48-year-old female was admitted due to lung lesions were noted by chest CT scan of healthy examination 4 months ago at outside hospital. Under the impression of lung lesions, she was admitted to ward of chest surgery for tissue proof and further management.

She did not suffer from fever, dyspnea, hemoptysis, body weight loss, fatigue, except chronic cough due to post nasal drip for several years.

### Past History:

Denied any medical or surgical diseases except endometriosis in 2001..

No smoking. No alcohol consumption.

**Family History:** Not contributory

### Review of System:

Respiratory: cough (+), sputum (-), dyspnea (-), hemoptysis (-); Others: (-).

### Physical Examination: (20130306)

T:36°C P:92/min R:16/min BP:119/59/mmHg

Body height:156CM Body weight:51.1KG BMI:20.9

Patient has no evidence of pain.

General Appearance: Fair looking

Consciousness: Clear, E4V5M6.

HEENT: Conjunctivae: not pale; Sclerae: not icteric; Throat: not injected.

Neck: supple; no lymphadenopathy; no jugular vein engorgement.

Chest: Breath pattern: bilateral symmetric expansion; no use of accessory muscles.

Breathing sound: no crackles, no wheeze.

Palpation and Percussion: normal.

Heart: regular heart beat without audible murmur.

Abdomen: soft and flat with normoactive bowel sound.

Back: no knocking pain over bilateral flank area and thoracic area.

Extremities: freely movable ; no clubbing fingers; no pitting edema.

Skin: no abnormal skin lesion.

**Laboratory Data:** 2013-03-06 (ward):

(Blood test)

WBC	1000/uL	6.4	Hemoglobin	g/dL	13.3
Platelets	1000/uL	296			

(Biochemistry)

Albumin	g/dL	4.67	Total Prot	g/dL	7.5
AST/GOT	U/L	21	ALT/GPT	U/L	16
Total Bili	mg/dL	0.6	ALK-P	U/L	42
Creatinine	mg/dL	0.43			
Na(Sodium)	mEq/L	142	K(Potassium)	mEq/L	3.9
Ca(Calcium)	mg/dL	9.4	Uric Acid	mg/dL	3.1

**Pulmonary function test** (resting):

Normal baseline spirometry.

**EKG:** Normal 12-lead electrocardiogram

**Chest images** (serial chest X-ray and chest CT): **To be presented**

Lung lesions in bilateral lung fields

**Thoracoscopic operation (VATS):** on 2013-3-7,

Wedge resection of LUL, LLL, and lymph nodes dissection.

**Pathological findings: To be presented**

**FDG PET-CT scan:** post pathological confirmation follow-up on 2013-5-10

1. No residual lung cancer.
2. Increased FDG uptakes over left lingual segment, left lower lobe and left lower chest wall, probably post-operative changes.

**Clinical Course:**

She was admitted from 6 March 2013 to 12 March 2013 at ward of chest surgery. Tissue proof by surgical VATS was done on 7 March 2013, further pathological confirmation and group combined conference were done and proceed. Till now, she was kept on regular chest low dose CT (LDCT) follow-up without further medical treatment at chest surgery and chest clinics under stable condition.

**Take Home Messages:**

1. The role of low dose CT of chest in evaluation of “ground glass opacity (GGO)” or “small lung nodule”
2. When you see the “ground glass opacity (GGO)” or “small lung nodule”  
--- how to approach from (1) radiological (2) pathological point-of-view.
3. When you see the “ground glass opacity (GGO)” or “small lung nodule”  
--- how to approach from (3) medical (4) surgical point-of-view.