

November 2014 Arizona Thoracic Society Notes

The November 2014 Arizona Thoracic Society meeting was held on Wednesday, November 19, 2014 at the Scottsdale Shea Hospital beginning at 6:30 PM. This was a dinner meeting with case presentations. There were about 30 in attendance representing the pulmonary, critical care, sleep, pathology and radiology communities. Jud Tillinghast was nominated as the Arizona Thoracic Society physician of the year.

Three cases were presented:

1. George Parides presented a case of a 70-year-old woman with a 3 areas of ground glass picked up incidentally on CT scan. She had some wheezing. A needle biopsy revealed adenocarcinoma. The biopsy and radiologic pattern were consistent with adenocarcinoma in situ or minimally invasive adenocarcinoma. Discussion centered around treatment. Most felt that if the areas could be removed that surgical resection was indicated (1).
2. Lewis Wesselius presented a 60-year-old man with Marfan's syndrome and a history of an aortic valve replacement on chronic anticoagulation with a thyroid papillary carcinoma. The patient underwent a total thyroidectomy. Post-operatively he developed a large mass-like area in the right lower lung. It was unclear whether this was in the lung parenchymal or in the pleural space. A preliminary differential diagnosis of abscess, parenchymal hemorrhage or pleural hemorrhage was made. His INR was in the appropriate therapeutic range. A chest tube was placed with minimal drainage and no change in the radiographic appearance. Video-assisted thorascopic surgery (VATS) was performed and a large intraparenchymal hematoma was found which was removed. A review of the literature revealed a small number of reports of spontaneous intraparenchymal hemorrhages but none associated with Marfan's (2,3).
3. Jasminder Mand presented a case of an asymptomatic 66-year-old man with inspiratory crackles and a mildly reduced diffusing capacity on pulmonary function testing. He had a past minimal smoking history. His CT scan showed areas of ground glass and reticulation surrounding of septal emphysema. An open lung biopsy was performed which was consistent with usual interstitial pneumonia (UIP). The patient raised the question of whether he should be treated with nintedanib or pirfenidone. There was disagreement amongst the audience with some favoring treatment while others favored following the patient.

There being no further business the meeting was adjourned about 8:00 PM. There is no meeting in December. The next meeting will be Phoenix on Wednesday, January, 6:30 PM at Scottsdale Shea Hospital.

Richard A. Robbins, MD

References

1. Tsushima Y, Suzuki K, Watanabe S, Kusumoto M, Tsuta K, Matsuno Y, Asamura H. Multiple lung adenocarcinomas showing ground-glass opacities on thoracic computed tomography. *Ann Thorac Surg.* 2006;82(4):1508-10. [\[CrossRef\]](#) [\[PubMed\]](#)
2. Riachy M, Mal H, Taillé C, Dauriat G, Groussard O, Cazals-Hatem D, Biondi G, Fournier M. Non-traumatic pulmonary haematoma complicating oral anticoagulation therapy. *Respirology.* 2007;12(4):614-6. [\[CrossRef\]](#) [\[PubMed\]](#)
3. Chakraborty AK, Dreisin RB. Pulmonary hematoma secondary to anticoagulant therapy. *Ann Intern Med.* 1982;96(1):67-9. [\[CrossRef\]](#) [\[PubMed\]](#)