Abstract

Mucinous adenocarcinoma is the rarest form among lung malignancies. Details regarding this lepidic malignancy are scarce owing to its rarity. Initially it was categorized under bronchoalveolar carcinoma. However with emerging evidence for clinical relevance of histopathology of lesions, the nomenclature changed giving more prominence to histological patterns. Mucinous adenocarcinoma of the lung carries a poor prognosis.

A middle aged female garment worker with a 2 year history of recurrent respiratory illnesses was evaluated for clinically detectable consolidation in lower lobe of left lung. Initial impression was lobar pneumonia in a patient with a chronic lung disease. However she continued to have the consolidation and to be symptomatic despite adequate antibiotic therapy. 1st contrast enhanced CT scan and USS guided biopsy had been failed to identify a malignancy. Repeat contrast enhanced CT scan of the thorax and CT guided biopsy of the lung had revealed a lepidic type mucinous adenocarcinoma of the lung. She was given 8 cycles of Cisplatin based chemotherapy and currently being followed up under oncology care.

Non resolving consolidations are commonly due to pyogenic infections. However the possibility of underlying malignancy must always be elucidated. Mucinous adenocarcinoma can produce large amount of secretions. Production of whitish phlegm and blockage of respiratory tree with resulting clinical manifestations is not uncommon. However many cases are identified late and prognosis of the disease depends on the timing of diagnosis. Early diagnosis remains the most crucial part in management.