Pulmonary metastatic chordoma treated with platinum-based chemotherapy; A case report

1Department of Internal Medicine, 2Airway remodeling Laboratory, Chonbuk National University Medical School, Jeonju, South Korea

*Hyeong Il Kim1,2, Hee Moon1,2, Yeong Hun Choe1,2, So Ri Kim1,2, Seoung Ju Park1,2, Heung Bum Lee1, Yang Keun Rhee1 and Yong Chul Lee1,2

Chordoma is a rare malignant neoplasm arising from remnants of notochordal cells along the spinal axis. It occurs along the spinal axis with most tumors arising in the sacrococcygeal and sphenoorbitooccipital regions, with the remaining tumors arising along the cervical, thoracic, and lumbar spine. As the chordoma has been considered primarily a local disease associated with a high incidence of local recurrence and with a poor long-term prognosis, treatment recommendations for chordoma typically involve radical resection and subsequent radiotherapy. Despite the low potential for metastasis, chordoma-induced metastatic lesions have been noted in the liver, lungs, lymph nodes, peritoneum, skin, heart, brain, and distant regions of the spine. However, there is little data on the treatment modalities, especially on chemotherapeutic treatments, for chordoma-induced metastatic diseases to date. Herein, we present a case of the metastatic chordoma to the lung, which regressed by the platinum-based combined chemotherapy.

Bilateral congenital cystic adenomatoid malformation detected incidentally in adulthood

Department of Internal Medicine

*Kyung Ae Lee, Hee Moon, Yeong Hun Choe, So Ri Kim, Seoung Ju Park, Heung Bum Lee, Yang Keun Rhee, and Yong Chul Lee

Congenital cystic adenomatoid malformation (CCAM) is a rare pulmonary developmental disorder with replacement of normal pulmonary tissue by cysts of variable size and distribution. The most CCAM is diagnosed and managed antenatally, in the newborn period, infancy, or childhood. The CCAM diagnosed in adulthood is very rare and these cases are usually taken medical attention by various complications such as recurrent localized pneumonia, abscess formation, spontaneous pneumothorax, hemoptyisis, or combined malignancy. In addition, the majority of CCAM has a unilobar distribution and involves the posterior basal segments of the lower lobes. Herein, we present a rare case of the bilateral CCAM communicating each lobar lesion, which was detected incidentally without any complications in adulthood, with literature review.