



ISSN: 0976-3031

Available Online at <http://www.recentscientific.com>

CODEN: IJRSFP (USA)

International Journal of Recent Scientific Research
Vol. 9, Issue, 10(C), pp. 29242-29243, October 2018

**International Journal of
Recent Scientific
Research**

DOI: 10.24327/IJRSR

Research Article

CANNON BALL LUNG METASTASES FROM A PREVIOUSLY UNREPORTED PRIMARY IN THYROID

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DOI: <http://dx.doi.org/10.24327/ijrsr.2018.0910.2819>

ARTICLE INFO

Article History:

Received 12th July, 2018

Received in revised form 23rd

August, 2018

Accepted 7th September, 2018

Published online 28th October, 2018

Key Words:

Cannon ball metastases, Follicular neoplasm, Anaplastic neoplasm, Thyroid malignancy

ABSTRACT

The purpose of this article is to report the case of a 70-year-old female with cannon ball lung metastasis from primary malignancy in thyroid (Anaplastic carcinoma). A 70-year-old female presented with complaints of cough with expectoration which was blood tinged, Shortness of breath and generalised weakness. Chest X-ray showed multiple cannon-ball lung shadows. Contrast enhanced tomography scan of chest was done showing multiple well defined cannon ball metastases and well defined heterogeneous mass lesion in left lobe of thyroid – suggestive of primary thyroid malignancy - Retrospective Ultrasonography of thyroid was done which showed solid, irregular shaped mass with increased colour uptake within the thyroid gland. Fine needle aspiration from thyroid nodule showed Anaplastic neoplasm of the thyroid.

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INTRODUCTION

Cannonball metastases refers to large, well circumscribed, round pulmonary metastases that appear, like cannonballs. The French term "envolée de ballons" which translates to "balloons release" is also used to describe this same appearance. Metastases with such an appearance are classically secondary to 1) Renal cell carcinoma 2) Choriocarcinoma.

Less common primary tumours 1) Prostate carcinoma 2) Synovial sarcoma 3) Endometrial carcinoma. This case presentation shows a rare case of thyroid malignancy (Anaplastic carcinoma) causing canon ball metastasis.

A 70-year-old female presented to us with complaints of cough with expectoration which was blood tinged since two months, shortness of breath, generalised weakness and hoarseness of voice since 10 days. Chest X-ray showed multiple cannon-ball lung shadows. Followed by which ha contrast enhanced tomography scan of chest was done showing multiple well defined cannon ball metastasis with mild post contrast enhancement and well defined heterogenous mass lesion in left lobe of thyroid-suggestive of primary thyroid malignancy. Retrospective ultrasonography of thyroid was done which showed solid, irregular shaped mass with increased colour

uptake (vascularity) within the thyroid gland . Few paratracheal lymph nodes were noted with maintained hilar fat pad. Fine needle aspiration from thyroid nodule showed anaplastic neoplasm of the thyroid. Patient was referred for total thyroidectomy followed by radioiodine therapy.

DISCUSSION

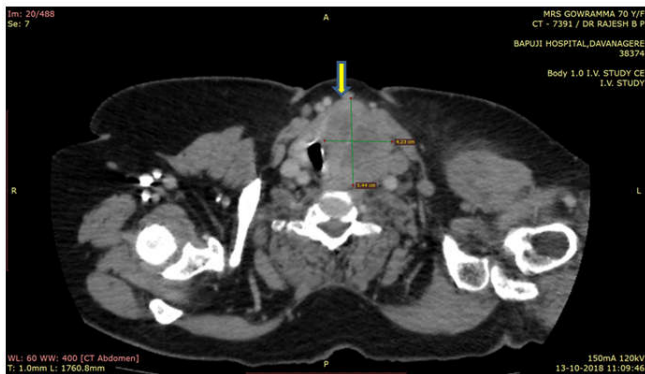
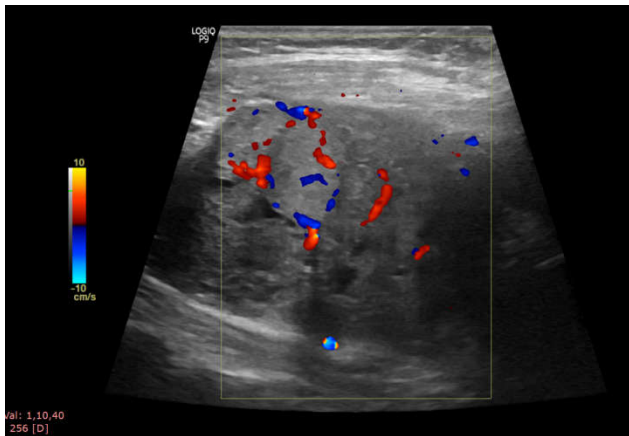
Cannon ball lung metastaser have been classically described with urogenital tract malignancies (Renal cell carcinoma and Gestational and Non-gestational choriocarcinoma), Gastrointestinal tumours and Sarcomas. Even though lung metastases can occur in Follicular and Anaplastic carcinoma of thyroid, cannon ball metastases has not been reported. In general, presence of cannon ball metastases indicate advanced disease and poor prognosis. However, cases have been reported where patients with such a presentation had good outcome [3]. This is possible when the tumour is chemosensitive or is amenable to ablative therapy as with thyroid malignancy using radioiodine.

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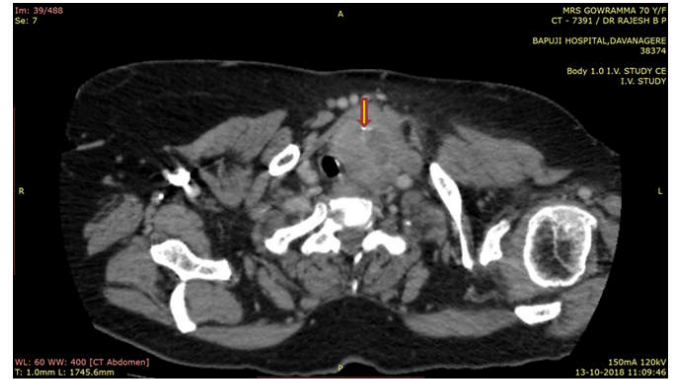
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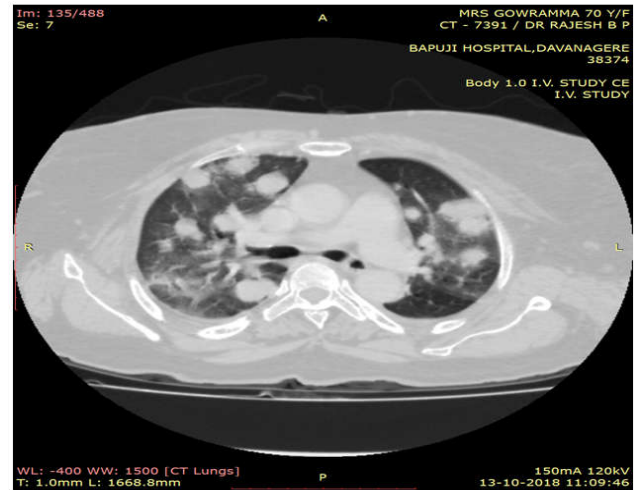
CHEST XRAY SHOWING CANON BALL METASTASIS



Arrow indication a well defined heterogeneous mass lesion in left lobe of thyroid



ARROW INDICATING CALCIFIED SPECS AND surrounding CENTRAL NECROSIS



Multiple cannon ball metastasis with small feeding vessels

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How to cite this article:

Dharma Teja Gudivada and Raghavaram Namburu., 2018, Evaluation of Lipid Profile In Patients With Non-Diabetic Chronic Kidney Disease Stage III, IV & V. *Int J Recent Sci Res.* 9(10), pp. 29242-29243.
DOI: <http://dx.doi.org/10.24327/ijrsr.2018.0910.2819>
