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Sars Cov-2 infection : A revealingsign of pulmonaryadenocarcinoma : About a case

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ABSTRACT: The telltalesigns of lung cancer are mostlyrespiratorysigns, whether or not associatedwithgeneralsigns. We report the case of a 69-year-old patient, followed at CHU HASSAN II in Fez, admitted for treatment of a Covid-19 pneumoniaconfirmed by PCR, chest CTwasperformed to assess the degree of pulmonaryinvolvementfoundsigns of infection with covid-19 associatedwithmetastaticbronchopulmonary cancer, confirmed by pathologicalexamination.

I. INTRODUCTION :

At the end of 2019, clustered cases of pneumonia in Wuhan in mainlandChina's Hubei province werereported to behuman-to-human transmission of a novel coronavirus, Sars-CoV-2. This disease has givenrise to a pandemic, known as Covid-19, whichcan have the samegeneralsigns suggestive of bronchopulmonary cancer (1).

II. CASE REPORT :

We report the case of a 69-year-old patient, without a pathologicalhistory and not smoking, havingpresented a febrile syndrome associatedwithrespiratorysignssuch as dyspnea and dry coughevolving for threedays, justifyinghis consultation in the emergency room, asmearrealizedwhoshowed a Covid 19 infection. Chest CT wasperformed and showedsigns of Covid-19, with the presence of a lung mass in the right upper lobe suggesting a lungtumor (Figure 1 - 2). A bronchial biopsyshowed a histological andimmunohistochemicalappearance in favor of pulmonaryadenocarcinoma.

III. DISCUSSION :

Lung cancer is the leading cause of cancer death, with 2.1 million new cases of lung cancer and 1.8 million deathsexpected in 2018, whichrepresentsalmost 1 in 5 cancer deaths. The clinicalpicture of lung cancer usuallyconsists of symptomsrelated to chestdisease or depending on the sites of metastases. The mostcommonchestsymptoms are cough, dyspnea, chest pain, and hemoptysis. Othersymptoms are due to invasion or obstruction of vital thoracic structures such as superiorvena cava syndrome, pericardial or pleural effusion, obstructive pneumonia, and Pancoast syndrome (2). COVID-19 infection mostoftenpresents as an acute feverishpicture, accompanied by cough and possibly ENT, digestive or even skin signs (peripheral digital ulcerations). Aspecificsignstherefore, apartfromageusia and anosmiawithout nasal obstruction, very suggestive, according to currentknowledge (3). Chest CT scan without injection is the gold standard in COVID-19 pneumonia (4,5). The CT scan canbeused to grade the severity of the pulmonaryinvolvement, whichprovidesprognostic information (6,7,8). The mostcharacteristic CT abnormalities of COVID-19 pneumonia are areas of ground glass (approximately 80% of cases), multifocal, bilateral, asymmetric. The involvementclassicallypredominates in the peripheral, posterior and basal regions (9,10,11). There isusually no micronodular syndrome, excavation, septal lines, or mediastinaladenomegaly. Othersigns have been reportedsuch as the presence of fine reticulations, peribronchovasculartthickening, peri or intralesionalvascular dilations or signs of parenchymaldistortion (11,12). The classicpresentation of COVID-19 couldbequitesimilar to that of other viral lungdiseases, but the peripheraltopography of the lesions, the presence of fine reticulations and peribronchovasculartthickeningwouldbe more frequentlyfound in COVID-19 pneumonia (13). Some patients who are infected but asymptomaticmaypresentwithimagingabnormalities , however CT involvementisgenerallylesssevere (14, 15). Frosted glass patches tend to progress over time, both in extent and density. The CT scan classicallysees the frosted glass evolvetowards a so-called "crazypaving" aspect (superposition of frosted glass and intralobularreticulations) and / or more or lessretractileparenchymal condensations.

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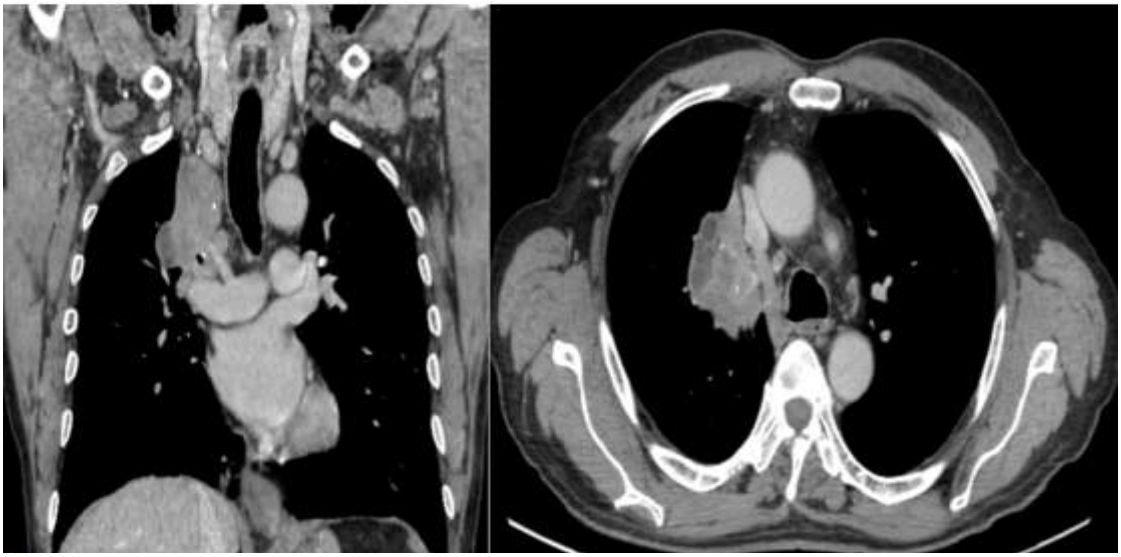

Figure 1 : @ CT in Coronal slice (a) axial (b) after PDC injection: Medisatino-pulmonarytumorprocess, upper right lobe, heterogeneouscontaining calcifications and areas of necrosis, locallyadvanced.

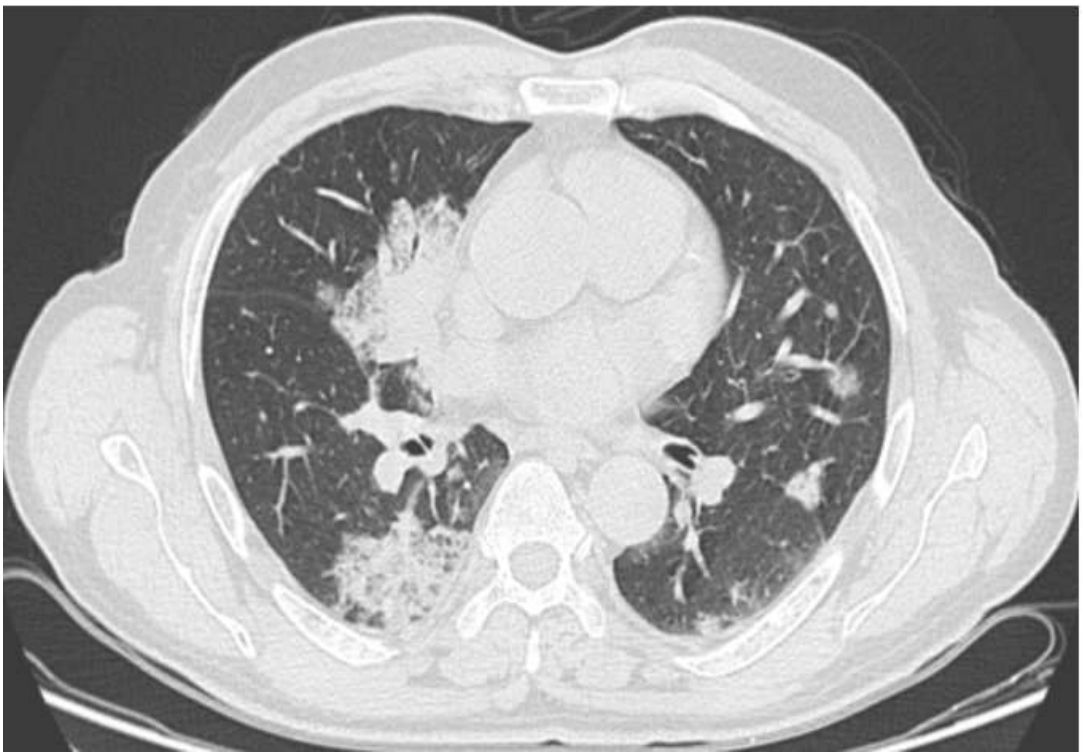

Figure 2 : Thoracic CT in parenchymalwindow in axial section: Presence of severalscatteredfoci of CrazyPavingwithperipheral distribution in connectionwith a viral pulmonary infection type COVID-19

IV. CONCLUSION :

Covid-19 infection and lung cancer can have the sameclinicalpicturewithrespiratory and extra-respiratorysigns, hence the value of CT imaging to support the diagnosis.

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