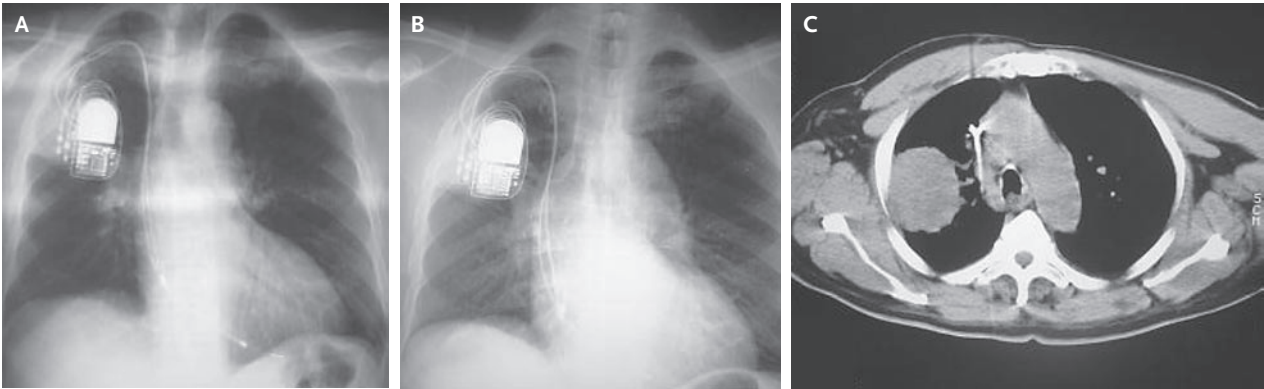


IMAGES IN CLINICAL MEDICINE

What Lies Beneath?



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A 74-YEAR-OLD MALE SMOKER WAS HOSPITALIZED FOR A TRANSURETHRAL resection of the prostate. His medical history was notable for the insertion of a dual-chamber pacemaker to treat symptomatic bradycardia 10 years earlier. A preoperative chest radiograph (Panel A) raised the suspicion of a parenchymal lung lesion behind the pacemaker. A chest radiograph obtained 6 months earlier (Panel B) was reported as showing a pacemaker with appropriate lead position but no active lung disease. Computed tomography of the thorax was performed (Panel C), revealing a homogeneous mass, measuring 4 by 5 cm, in the right lung, and lying directly behind the pacemaker, with significant mediastinal adenopathy. A biopsy confirmed the presence of bronchogenic adenocarcinoma, which was inoperable. Careful examination of the initial chest radiograph suggests the lung mass was apparent at that time. A lateral chest radiograph might have identified the mass, although the upper lobes are often poorly visualized in this projection. The patient underwent palliative chemotherapy and radiation therapy and ultimately died from lung cancer.

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