Beyond Resemblance: The Pneumonia-mimicking Invasive Mucinous Adenocarcinoma and its Impact on Diagnosis, Therapy, and Prognosis – A case report

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INTRODUCTION
• Invasive mucinous adenocarcinoma (IMA) is a distinctive subset of lung cancer.
• Diagnosing and management of IMA can be challenging due to nonspecific clinical presentations.
• This case emphasizes the importance of early bronchoscopy with BAL and biopsy for patients exhibiting pneumonia-like symptoms with lung infiltrates who failed antibiotics.

CASE
• A 65-year-old male with active smoking history, COPD, and diabetes mellitus
• He presented with persistent dyspnea with clear-sputum cough, low-grade fever, pleuritic chest pain.
• He has been treated with multiple courses of antibiotics, inhalers, and corticosteroids for the past 6 months without significant improvement.
• Patient also notice of unintentional weight loss for 1 year.
• CBC showed mild leukocytosis.
• CT chest showed scattered bilateral ground-glass opacities, numerous small pulmonary nodules, and ill-defined consolidative changes in right lower lobe without lymphadenopathy.
• PET scan revealed hypermetabolic mass in the right lower lobe and bilaterally scattered low-level hypermetabolic ground-glass opacities.
• Bronchoscopy with BAL and trans-bronchial biopsy of right lower lobe infiltrates resulted in stage IV invasive mucinous adenocarcinoma, EGFR and HNF1A mutations negative.
• Patient was later referred to Oncologist and Carboplatin and Pemetrexed were initiated.

CONCLUSION
• IMA can mimick organizing pneumonia in both presentation and imagings
• Early bronchoscopy with BAL and trans-bronchial biopsy should be warranted in those presenting with pneumonia-like clinical scenario, yet not responding to antibiotics.
• Early diagnosis of lung cancer can significantly improve the patient outcome with appropriate interventional therapies.

REFERENCES