Ossifying Pulmonary Carcinoid
An Incidental Autopsy Finding
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Introduction

- Neuroendocrine tumor of the lung comprises typical & atypical carcinoid, small cell carcinoma large cell neuroendocrine carcinoma & precursor lesion diffuse idiopathic neuroendocrine cell hyperplasia.
- Typical carcinoid account for 80-90% of pulmonary carcinoid tumors and are considered to be low grade.
- Such tumor presents as centrally located endobronchial tumor or as peripheral circumscribed nodules.
- Clinical presentation depends on site, morphology, presence of metastasis or paraneoplastic syndrome.
- Ancillary features on microscopy includes focal calcification and ossification, however extensive osseous metaplasia is rare.
- We report a case of ossifying pulmonary carcinoid detected incidentally at autopsy of a young acromegalic male.

Clinical findings

- 32-year-old male; acromegalic and diabetic for four years.
- Operated for pituitary macroadenoma in February 2016.
- Current admission in September 2016 for intractable vomiting and diarrhoea.
- Routine investigations were within normal limits.
- Treated symptomatically.
- Sudden cardiac arrest after 7 days of ward stay.
- Complete autopsy was performed.

Discussion

- Pulmonary ossifying carcinoids are extremely uncommon and only 5 cases have been reported so far.
- Ref no. | Case 1 | Case 2 | Case 3 | Case 4 | Case 5
- Age (years) | 38 | 29 | 49 | 47 | 45
- Sex | F | F | M | M | M
- Location | LUL | LLL | LUL | RML | RML
- Smoking history | N/A | No | No | Yes | Yes

(F = female, M = male, LUL = left upper lobe, LLL = left lower lobe, RML = right middle lobe)
- Pathogenesis: Tumor cells produce osteogenic factor BMP1 & 2, and then osteocalcin acts on mesenchymal stem cells which leads to ossification.
- This is the first case report of incidentally detected ossifying lung carcinoid at autopsy.

References