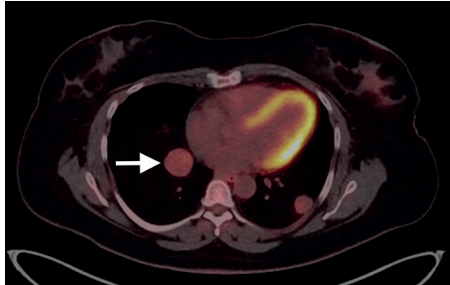


Figure 2. 18FDG positron emission tomography-computed tomography showed that the lung lesions were FDG avid, for example the largest lesion within the right lower lobe (arrow) had standardized uptake values (SUV)-max of 4.9. Aside from the pulmonary nodules no other site of abnormal uptake was identified.



Nodules are a particularly uncommon manifestation, seen in only 6% of cases in a series of 110 patients (Joseph and Sahn, 1996). The most common symptom from nodules is haemoptysis which may occur with menstruation. Nodules tend to be round and of soft tissue density but cavitation has been reported (Lee et al, 2009). The mechanism of endometrial tissue reaching the thorax is

Figure 3. Endometrial glands lined by pseudostratified epithelium (arrows) within cellular stroma. Haematoxylin and eosin stain 40x (high power magnification).



uncertain but hypotheses including reflux from menstruation through diaphragmatic fenestrations, coelomic metaplasia and veno-lymphatic embolization have been proposed (Vinatier et al, 2001). Treatment is hormonal in the first instance and surgical if symptom control is not achieved. **BJHM**

Azizad-Pinto P, Clarke D (2014) Thoracic endometriosis syndrome: case report and review of the literature. *Perm J* **18**(3): 61–65. <https://doi.org/10.7812/TPP/13-154>
Joseph J, Sahn SA (1996) Thoracic endometriosis

LEARNING POINTS

- This case highlights that patients benefit from a multidisciplinary approach (in this case oncology, interventional radiology, gynaecology and histopathology) to ensure a fast and accurate treatment plan. A cancer diagnosis was confidently excluded and the patient was referred for ongoing specialist input.
- The differential diagnoses of multiple pulmonary nodules include a range of malignant and benign diseases including infections, non-infectious inflammatory conditions and metastases from solid organ primary tumours.

syndrome: new observations from an analysis of 110 cases. *Am J Med* **100**(2): 164–170. [https://doi.org/10.1016/S0002-9343\(97\)89454-5](https://doi.org/10.1016/S0002-9343(97)89454-5)

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Vinatier D, Orazi G, Cosson M, Dufour P (2001) Theories of endometriosis. *Eur J Obstet Gynecol Reprod Biol* **96**(1): 21–34. [https://doi.org/10.1016/S0301-2115\(00\)00405-X](https://doi.org/10.1016/S0301-2115(00)00405-X)

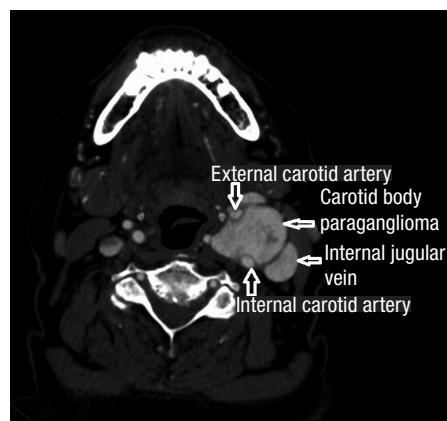
Images in Medicine

Carotid body paraganglioma: a rare pathology but not to be forgotten

A 69-year-old woman presented to the vascular clinic (via an ear, nose and throat referral) with an asymptomatic unilateral neck lump which she had had for some months. On examination there was a painless, firm, well-defined 3 cm mass in the left neck anterior triangle. It had a transmitted pulsation. Before clinic, erroneously a fine needle aspiration was done which did not yield any useful cellular material. Ultrasound

confirmed a vascular lesion splaying the carotid bifurcation. Computed tomography angiogram revealed a 34 x 27 mm mass splaying the left internal carotid artery and

Figure 1. Cross-section image of computed tomography angiogram of neck.



external carotid artery, findings consistent with a carotid body paraganglioma (Figure 1).

Needle biopsies of carotid body paragangliomas can be harmful as they may cause severe bleeding, although not in this case. Carotid body paragangliomas are rare, but there should be a high degree of clinical suspicion for them if a patient has a mass in the anterior triangle. Differential diagnosis includes deep cervical lymphadenopathy or a carotid artery aneurysm. **BJHM**

Further reading

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