

# Clinical picture

## QJM

### Bilateral pulmonary cavities in a young female

A 17-year-old otherwise healthy female presented with a painless mass in her right neck after an upper respiratory infection. She denied fever, night sweats, weight loss or dyspnea. The laboratory

findings were unremarkable. Chest radiograph revealed mediastinal widening and alveolar opacities with cavitations in the bilateral lower lungs (Figure 1A). Computed tomography (CT)



**Figure 1.** (A) Chest radiograph showing mediastinal widening and alveolar opacities with cavitations in the bilateral lower lungs. (B) Computed tomography showing cavitory consolidation in the bilateral lower lobes.

demonstrated the lymph node enlargement in the anterior mediastinum and cavitory consolidation in the bilateral lower lobes (Figure 1B). Pathology of the right neck mass and right lower lobe both showed Hodgkin's lymphoma, nodular sclerosis type. The disease regressed completely after six cycles of chemotherapy followed by radiation. The patient was still in remission 3 years after therapy.

Hodgkin's disease (HD) mostly involves the nodes of the mediastinum, and pulmonary involvement usually occurs in only 10–15% of cases. HD with pulmonary involvement most frequently presents with less well-defined nodules resembling metastatic carcinoma.<sup>1</sup> However, pulmonary consolidation or cavitory lung lesions are rarely reported. The most common cause of bilateral pulmonary cavities in a young adult is infectious etiology,<sup>2</sup> such as tuberculosis, nocardiosis, mucormycosis, staphylococcus pneumonia and septic emboli. On the other hand, sarcoidosis and malignant metastasis are the most common etiology in non-infectious process.

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## References

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