

Pseudolymphoma

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An 87-year-old man with a history of localized non-small cell lung cancer (NSCLC) was referred for evaluation and treatment of an elastic hard tumor in the left supraclavicular fossa one year after stereotactic ablative radiotherapy (SABR). Whole-body PET scan showed high 18F-fluorodeoxyglucose uptake in the left supraclavicular fossa, and a diagnosis of oligometastasis was made. The tumor was homogeneously high signal on T2-weighted image with homogeneous enhancement after contrast administration. Since the palpation and MRI findings were inconsistent with those of metastatic NSCLC, a bio-psy was performed. Pathological and immunohistochemical investigation revealed the lesion to be BLH.

Conclusion: In a patient with suspected oligometastasis after SABR for NSCLC, caution should be exercised before undergoing SABR for oligometastasis because BLH may be present ¹⁾

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Hama Y, Tate E. Benign lymphoid hyperplasia mimicking oligometastasis from non-small cell lung cancer after stereotactic ablative radiotherapy. *Klin Onkol.* 2022 Fall;35(6):482-485. English. doi: 10.48095/ccko2022482. PMID: 36513515.

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Last update: **2024/06/07 02:56**

