**Cystic appearance: an uncommon feature of pulmonary metastases of colo-rectal origin; a (short) case series illustration**

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**Introduction**: metastatic lung disease of colorectal origin generally presents morphologically with typical findings of solitary or multiple uni-, bi-lateral parenchymal variably sized nodular disease. Exceptions to this general rule do exist however.

**Methods**: we wish to expose and fully illustrate this situation reporting about two patients with known or operated rectal cancer who presented with thin walled cystic lesion located in the lung.

**Cases presentation**: in the first case a 46-year-old non smoker man with an history of rectal adenocarcinoma ypT3N1M0G2, treated with neoadjuvant radio-chemotherapy, low anterior rectal resection and adjuvant chemotherapy presented, 6 m post-op, on a routine CT Scan a new thin walled cystic lesion 2.5 cm diameter located in the apical segment of the RLL, without mediastinal lymphadenopathy or signs of abdominal disease. Six months later we observed a size growth in size with thicker wall and no other lesions. A resection with apical RLL R0 segmentectomy was performed; the anatomopathological examination confirmed a metastasis of an adenocarcinoma of colo-rectal type with no pleural invasion and 50% necrosis. In the second situation the patient was a 61-year-old man known for a non operated rectal cancer with synchronous pulmonary and hepatic metastases receiving radio-chemotherapy. As well, during CT follow up, he presented the new onset of multiple bilateral cavitary and thin walled pulmonary lesions which were assumed to be secondary manifestations of the disease.

**Conclusions**: distinct cystic / cavitary lesions in the lung may be caused by a wide array of pathologic processes among them one should include metastatic disease. This unusual morphological presentation must therefore be kept in mind when evaluating patients with previous oncological history particularly in cases of squamous cell carcinoma and metastatic...