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RESEARCH ARTICLE

ATYPICAL PULMONARY METASTASESCALCIFIED

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Abstract

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Case Report:-

A 55-year-old patient, a chronic smoker weaned 2 years ago, with no other toxic habits. He has never been treated for Tuberculosis. He was victim of an ischemic stroke 15 years ago, and he is being followed for an end-stage chronic kidney disease needing dialysis, with hypertension condition under treatment. In 2016, the patient presents a digestive clinical signs made up of rectal bleeding with false needs and a dysenteric syndrome. The clinical examination had found an ulcerated budding tumoral lesion of 8cm from the anal margin, whose anatomopathological report of the biopsy revealed a moderately differentiated and infiltrating Adenocarcinoma of the rectum. Before starting the protocol of treatment, he had benefited from an extension assessment made of a thoracic-abdominal, pelvic CT scan in the month of January/2016 that spoke of four bilateral intraparenchymal lung nodules. The patient benefited from a Radiotherapy (45Gy) over 01 month, then a surgery of Resection-Anastomosis in June 2016. The patient was lost from sight for over 05 years, he returns in 2021 with a thoracic-abdominal, pelvic CT scan that speaks of scattered parenchymal calcified lesions. A CT-guided biopsy was performed on these calcifications, concluding to calcify secondary pulmonary localization of an adenocarcinoma of lower digestive origin.

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