

Solitary turban-like skull metastasis in an elderly woman

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The patient was an 82-year-old woman with a history of passive smoking and exposure to biomass smoke, as well as a two-year history of a nonpainful, progressively growing mass in the left parietal region of her head, a 10 kg weight loss in three months and a dry cough.

She was admitted to the emergency room due to loss of strength in her right lower limb. A chest CT showed a mass in the right upper lobe of the lung. A transbronchial biopsy revealed an unspecified adenocarcinoma. A brain NMR showed a large, expansive extra-axial lesion involving the left parietal region, affecting the inner table.

It was diagnosed as lung adenocarcinoma with mediastinal involvement and cranial metastasis.

Lung cancer is the most common cause of cancer death and contributes significantly to the burden of disease (1). It is associated with bone metastases in 36% of cases, and cranial metastases in



Figure 1. Computerized tomography of the chest with contrast. Mass in the right upper lobe of the lung measuring 8 by 6.4 cm, projected towards the hilum of the lung and mediastinum.

only 3% (2). Lung adenocarcinoma is an exceptionally rare finding in this location, with very few cases described in the literature (3).

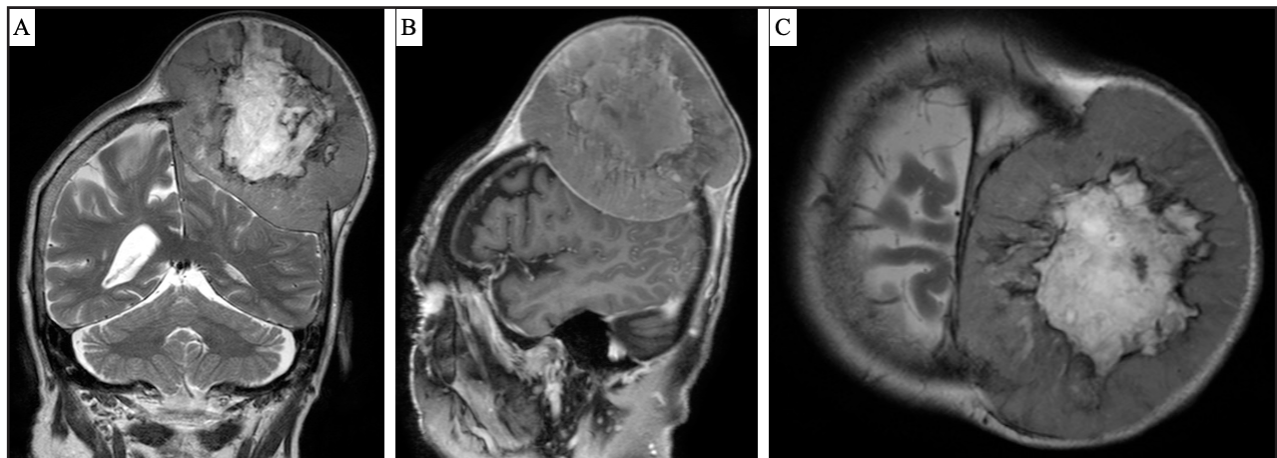


Figure 2. Brain NMR with gadolinium showing a large expansive extra-axial lesion measuring 10.1 by 7.7 by 10.5 cm, involving the left parietal region and affecting the inner table. A. Coronal view. B. Sagittal view. C. Cross-sectional view.

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