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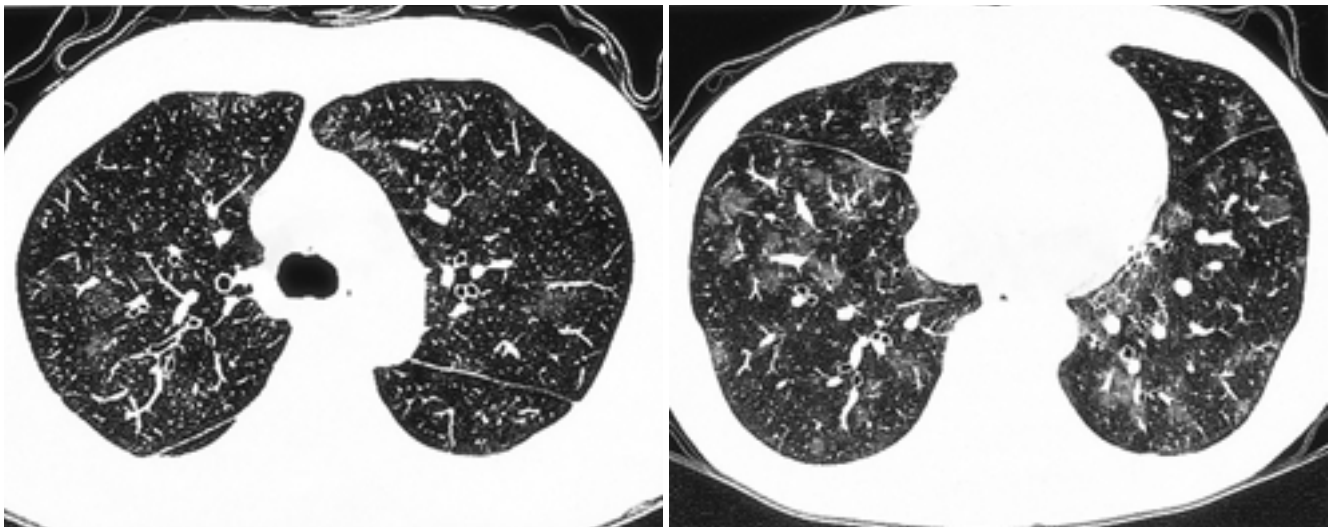


Fig. 1. HRCT at the level of carina (**A**) and 9 cm below carina (**B**) shows multifocal patch ground-glass opacity in the both lung fields. Interlobar fissure is thickened and reveals nodularity.

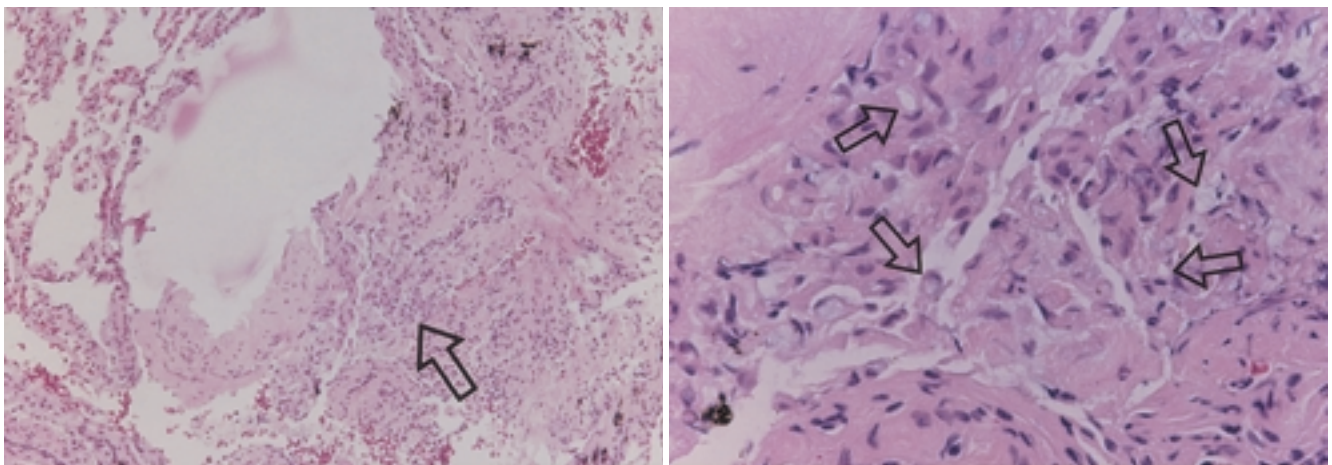


Fig. 2. Photomicrographs of the transbronchial lung biopsy specimen (H&E stain).
A. In the low power field (original magnification, $\times 100$), accumulation of tumor cells (arrow) in the alveolar air space and interstitium with architectural distortion is noted.
B. In the high power field (original magnification, $\times 400$), the tumor cells are signet-ring cell (arrow) showing typical peripheral location of nucleus and intracytoplasmic mucin material.

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Ground-Glass Opacity in Lung Metastasis from Adenocarcinoma of the Stomach: A Case Report¹

Mi Ran Jung, M.D., Jeong Kon Kim, M.D., Jin Seong Lee, M.D.,
Koun-Sik Song, M.D., Tae-Hwan Lim, M.D.

¹Department of Radiology, Asan Medical Center, University of Ulsan College of medicine

Ground-glass opacity is a frequent but nonspecific finding seen on high-resolution CT scans of lung parenchyma. Histologically, this appearance is observed when thickening of the alveolar wall and septal interstitium is minimal or the alveolar lumen is partially filled with fluid, macrophage, neutrophils, or amorphous material. It has been shown that ground-glass opacity may be caused not only by an active inflammatory process but also by fibrotic processes. When a focal area of ground-glass opacity persists or increases in size, the possibility of neoplasm-bronchioloalveolar carcinoma or adenoma, or lymphoma, for example- should be considered. Diffuse nonsegmental ground-glass opacity in both lung fields was incidentally found on follow up abdominal CT in a stomach cancer patient and signet-ring cell-type metastatic lung cancer was confirmed by transbronchial lung biopsy. We report a case of diffuse ground-glass opacity seen in metastatic lung cancer from adenocarcinoma of the stomach.

Index words : Lung neoplasms, metastases
Computed tomography (CT), high-resolution
Stomach
Adenocarcinoma

Address reprint requests to : Tae-Hwan Lim, M.D., Department of Radiology, Asan Medical Center, University of Ulsan College of medicine
388-1 Poongnap-Dong, Songpa-Gu, Seoul 138-736, Korea.
Tel. 82-2-2224-4400 Fax. 82-2-476-4719

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