



1

(Fig. 1A, B).

(1-3).

(Fig. 1C).

1 가 (4).

CT

47

1  
( CT)

CT

CT

(spindle cell)

1.5 cm

47

가 15

5.0×3.9 cm

1

가

가

가

가

(CEA - RIA:2.1, SCC - EIA:2.1, Aspergillus

Ab( - )),

diplococci가

(Fig. 2).

. AFB

가

PAS S - 100

4 cm

(Fig. 3).

가

CT

가

가

가

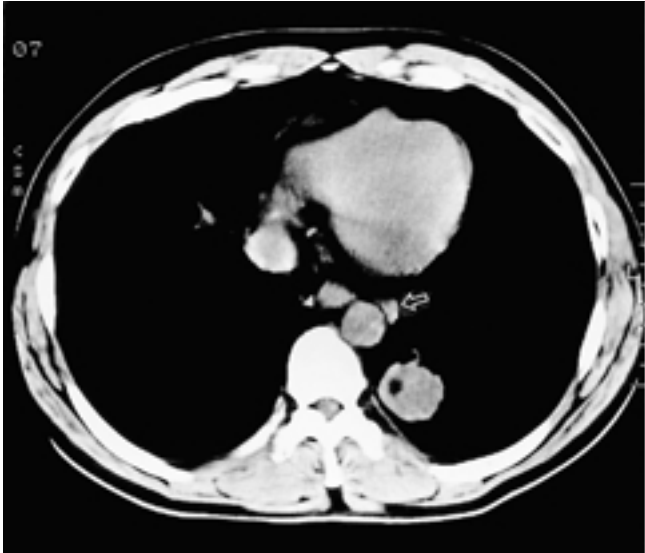
가

(1-3).

2001 6 18

2001 8 20

:  
 (1).  
 가 가 (4)  
 (4-5). 가 가  
 (adenoid cystic carcinoma),  
 (mucoepidermoid carcinoma), (pleomorphic  
 adenoma) , (onco -  
 cytoma) (acinal cell carcinoma)  
 (1). 가  
 가 (4) 1 가  
 가 (4, 6 - 10).



A

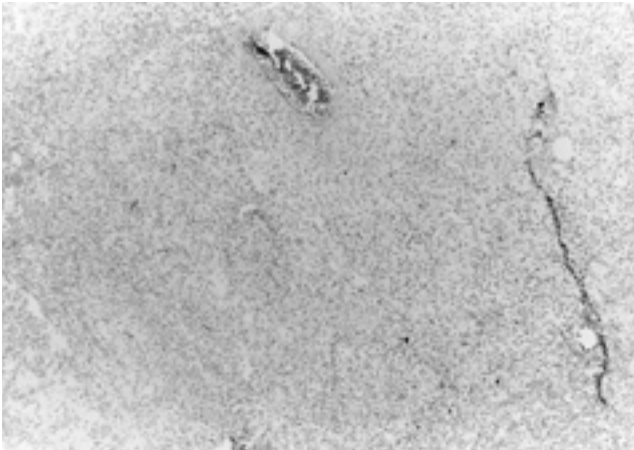


B

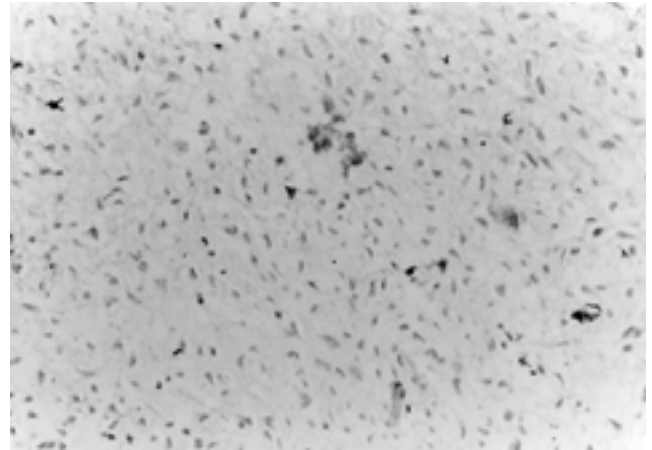


C

**Fig. 1. A.** Enhanced axial CT scan at the level of ventricle shows a well margined round mass with eccentric cavity. This mass shows heterogeneous enhancement. Note enlarged pulmonary ligament lymph node (arrow).  
**B.** On lung setting scan of slightly caudal level than A, ground-glass opacity is seen around the mass. Note linear air lucency abutting cavity and bronchial wall thickening (arrow) adjacent to the mass. These findings are pathologically confirmed to be dilated bronchi.  
**C.** CT scan obtained at more caudal level than A shows wedge shaped consolidation with air bronchogram in distal portion of the mass.



**Fig. 2.** The tumor is composed of haphazardly arranged spindle cells in myxomucoid stroma, which are characterized by round to oval shaped bland nuclei and by relatively abundant, eosinophilic cytoplasm (H & E,  $\times 40$ ).



**Fig. 3.** Some tumor cells react for S-100 protein (PAS,  $\times 40$ ).

3

CT

가

1

가

가

가

CT

가

Masahiko

7 6

2 2

3

3

3

3

1

(1, 4).

1. Masahiko H, Ken K, Kideoki Y et al. Myoepithelioma of the lung: report of two cases and review of the literature. *Lung Cancer* 1998; 20:47-56
2. Barnes L, Appel B, Perez H, El-Attar AM. Myoepithelioma of the head and neck: case report and review. *J Surg Oncol* 1985;28:21-28
3. Ellis GL, Auclair PL. *Tumors of the salivary glands: atlas of tumor pathology*, 3rd series. Washington, DC. *AFIP* 1996;57-68
4. Kim TS, Lee KS, Han JH, Im JG, Goo JM. Rare tumors of tracheo-bronchial salivary gland type: CT and pathologic findings. 1999;32-33
5. Hamperl H. The myoepithelia. Normal state: regressive changes: hyperplasia: tumors. *Curr Top Pathol* 1970;53:161-220
6. Rosen P, Oberman HA. Tumors of the mammary gland: atlas of tumor pathology. 3rd series. Washinton, DC. *AFIP* 1993;91-100
7. Nistal M, Garcia-Viera M, Martinez-Garcia C, Paniagua R. Epithelial-myoepithelial tumor of the bronchus. *Am J Surg Pathol* 1994;18:421-425
8. Wilson RW, Moran CA. Epithelial-myoepithelial carcinoma of the lung: immunohistochemical and ultrastructural observation and review of the literature. *Hum Pathol* 1997;28:631-625
9. Struckler JG, Hergstrom J, Thomas MJ, Yousem SA. Myoepithelioma of the lung. *Arch Pathol Lab Med* 1987;111:1082-1085
10. Hayes MMM, van der Westhuizen NG, Forgie R. Malignant mixed tumor of bronchus: a biphasic neoplasm of epithelial and myoepithelial cells. *Mod Pathol* 1993;6:85-88

## Myoepithelioma of the Lung: A Case Report<sup>1</sup>

Hyun Jin Kim, M.D., Jeong Hoon Park, M.D., Jae Kwoeng Cho, M.D., Yong Woon Koo, M.D.

<sup>1</sup>*Department of Diagnostic Radiology, Maryknoll Hospital*

Myoepithelioma is a rare tumor composed of cells that are morphologically similar to myoepithelial cells. Myoepithelial tumors usually occur in major and minor salivary glands, though have also been found in sweat and mammary glands. Myoepithelioma very rarely originates in lung parenchyma, though can arise from tracheobronchial submucosal glands.

We encountered a case of myoepithelioma originating in lung parenchyma, and report the CT findings, including the pathologic characteristics of the disease.

**Index words :** Lung neoplasms  
Lung neoplasms, CT  
Lung neoplasms, diagnosis

Address reprint requests to : Hyun Jin Kim, M.D., Department of Diagnostic Radiology, Maryknoll Hospital  
4-12, Daechung-dong, Chung-gu, Pusan 600-094, Korea.  
Tel. 82-51-461-2282 Fax. 82-51-467-6744 E-mail: khj7322@hanmail.net