

BENIGN SOLITARY PULMONARY NODULES OF VASCULAR ORIGIN: FEATURES OF THE DIAGNOSTICS

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Abstract

Aim - retrospective analysis of the features of diagnosing of benign pulmonary nodules of vascular origin.

Object and methods. During 2017-2021 393 patients were admitted to the clinic of SI "National Institute of phthisiology and pulmonology named after F. G. Yanovsky NAMS of Ukraine" with solitary pulmonary nodules (SPN) of less than 3 cm in size. In this cohort of patients in 20 cases solitary small pulmonary nodules of vascular origin were revealed. Diagnostic features were analyzed using 15 cytology and 22 histology examinations. With the purpose to distinguish between lung infarction and pulmonary infection additional histochemistry tests were done: 3 Cil-Nilsen acid-fast bacilli staining and 4 Gomori-Grokot staining.

Results. It has been established that this pathology occurs rarely among patients with SPN and accounted for 5,1% of cases. The average age of patients was 39,2 years, no gender preference was found. In the case of lung infarction, the patients' anamnesis most often included surgical interventions for diseases of various organs and systems. Most nodules of vascular origin had well-defined contours and were round in shape. SPNs were located subpleurally in 55,0% of cases, and in 30,0% of them the fibrous strands or nodules were adjacent to the pleura. In the right lung, significantly more SPN were revealed than in the left — 69,6% vs 30,4%, respectively. According to size, the largest number of SLVs was determined in the range of 1,1-2,0 cm (56,6% of the nodes), and the average size was 2,1 cm. In total, in 19 (95,0%) cases, only surgical intervention followed by histological examination allowed establish a final diagnosis.

Key words: solitary pulmonary nodule, diagnostics, lung infarction, thrombus-infarction pneumonia.

Ukr. Pulmonol. J. 2022;30(4):42–46.

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