

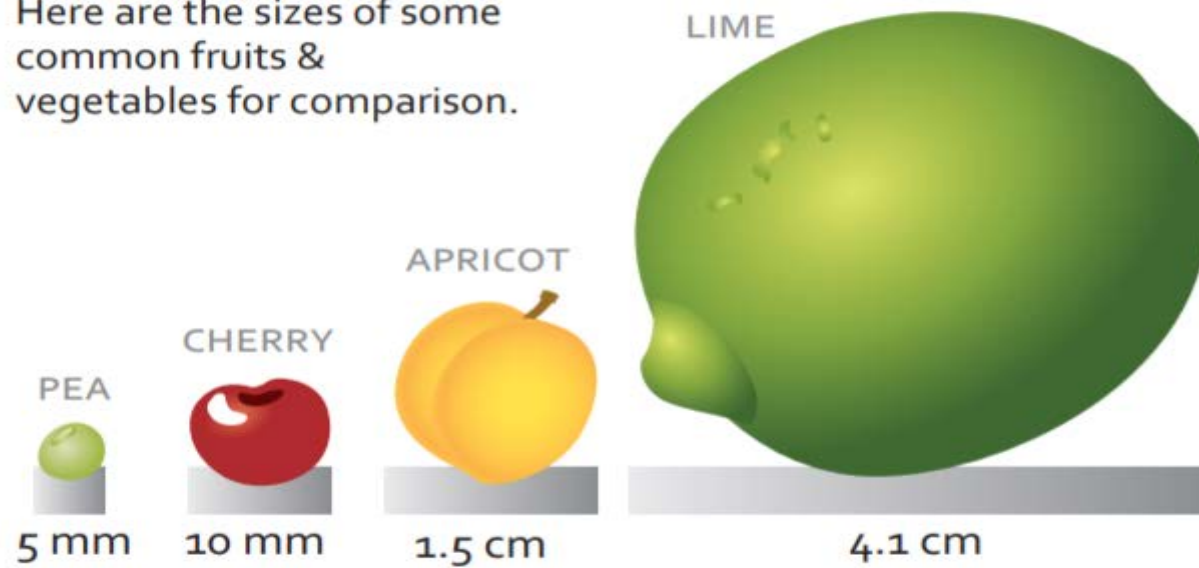
بنام خدا

دکتر اسداله اسدیان

Pulmonary nodule

- ▶ commonly called a “spot on the lung” or a “shadow,” a nodule is a
- ▶ round area that is more solid than normal lung tissue. It shows up as
- ▶ a white spot on a CT scan. Lung nodules are usually caused by scar
- ▶ tissue, a healed infection that may never have made you sick, or some
- ▶ irritant in the air. Sometimes, a nodule can be an early lung cancer.

Here are the sizes of some common fruits & vegetables for comparison.



[Should I worry that I have a nodule?](#)

Probability of Malignancy

Low (<5%)

Young
Less smoking
No prior cancer,
Small nodule size,
Regular margins,
Non-upper lobe

Intermediate (5-65%)

Mixture of low
and high
probability
features

High (>65%)

Older
Heavy smoking
Prior cancer
Larger size
Irregular margin
Upper lobe location

Low Risk of Lung Cancer

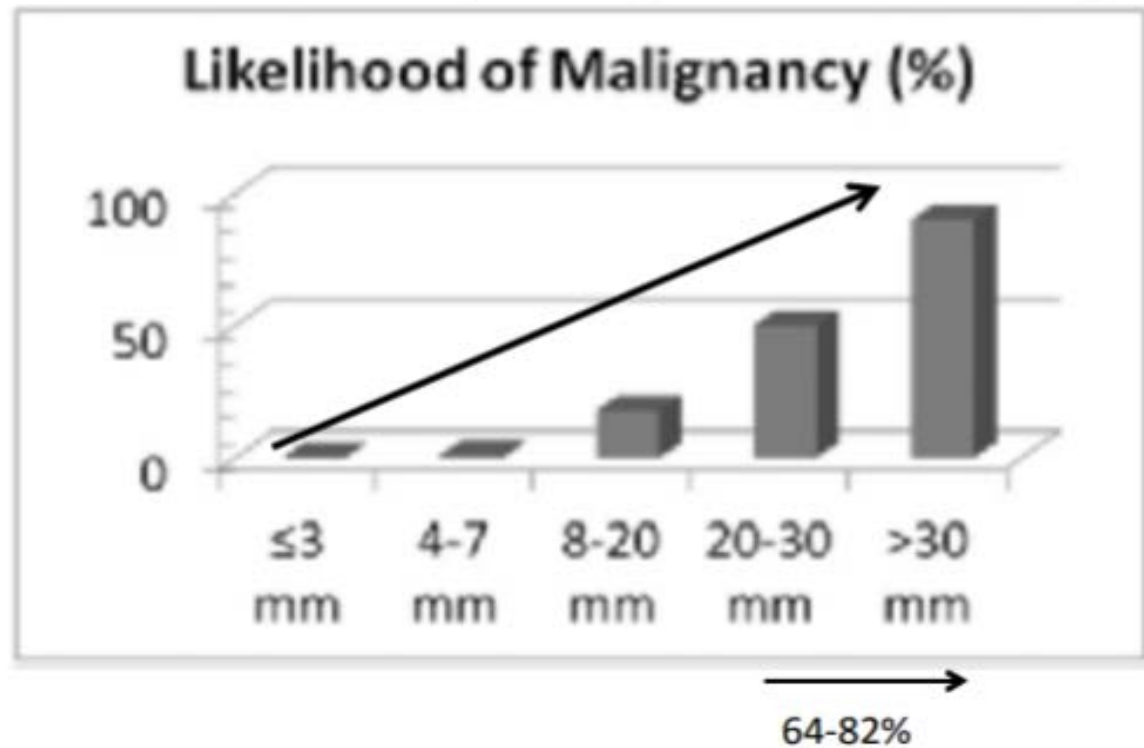
- Under age 35
- Nodule is small (less than 3 cm in diameter)
- Patient is a nonsmoker (and has never smoked)
- No exposure to toxins in the workplace
- No history of lung cancer among family members
- No other signs or symptoms of lung cancer
- Nodules are smooth and round in shape
- Nodules are only partly solid
- Nodules do not get bigger over time
- Nodules are calcified (contain calcium deposits)
- Interior of nodule is "cavitary"—darker on x-rays
- Only one or a few nodules are present
- Nodules are located in the right or left lower lobes or the right middle lobes of the lung

High Risk of Lung Cancer

- Over age 50
- Nodule is larger than 3 cm in diameter
- Patient smokes or is a former smoker
- Exposure to occupational toxins such as asbestos or radon
- First- or second-degree relative with lung cancer
- Presence of lung cancer symptoms such as persistent cough or shortness of breath
- Nodules are "spiculated"—have irregular or lobular borders
- Nodules are solid
- Nodules grow rapidly (on average doubling in size in four months)
- Nodules show no signs of calcification
- Nodules are not cavitary
- Presence of multiple nodules (suspicious for cancer metastases to the lungs)
- Nodules are located in left or right upper lobes of the lungs

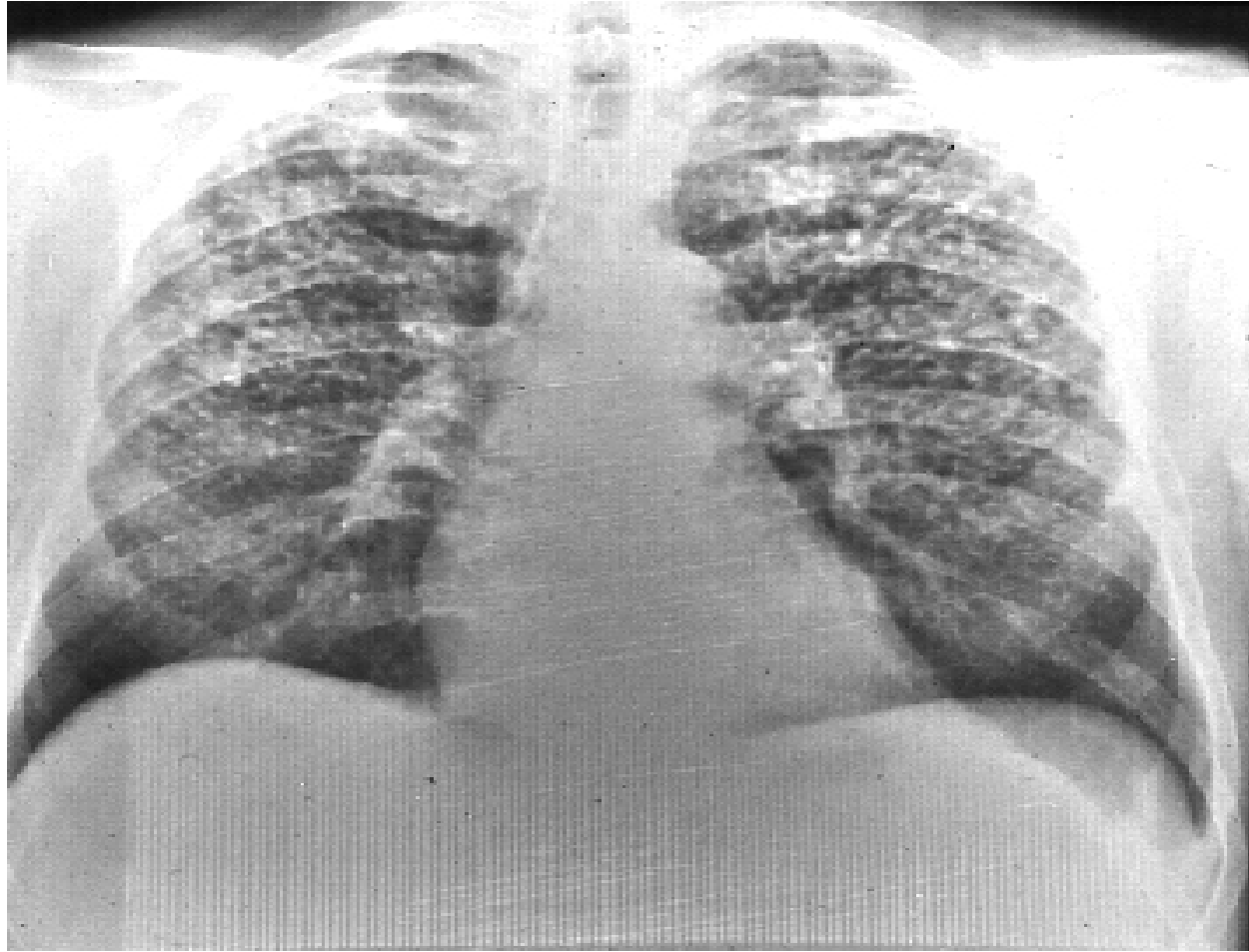
- **Size:**

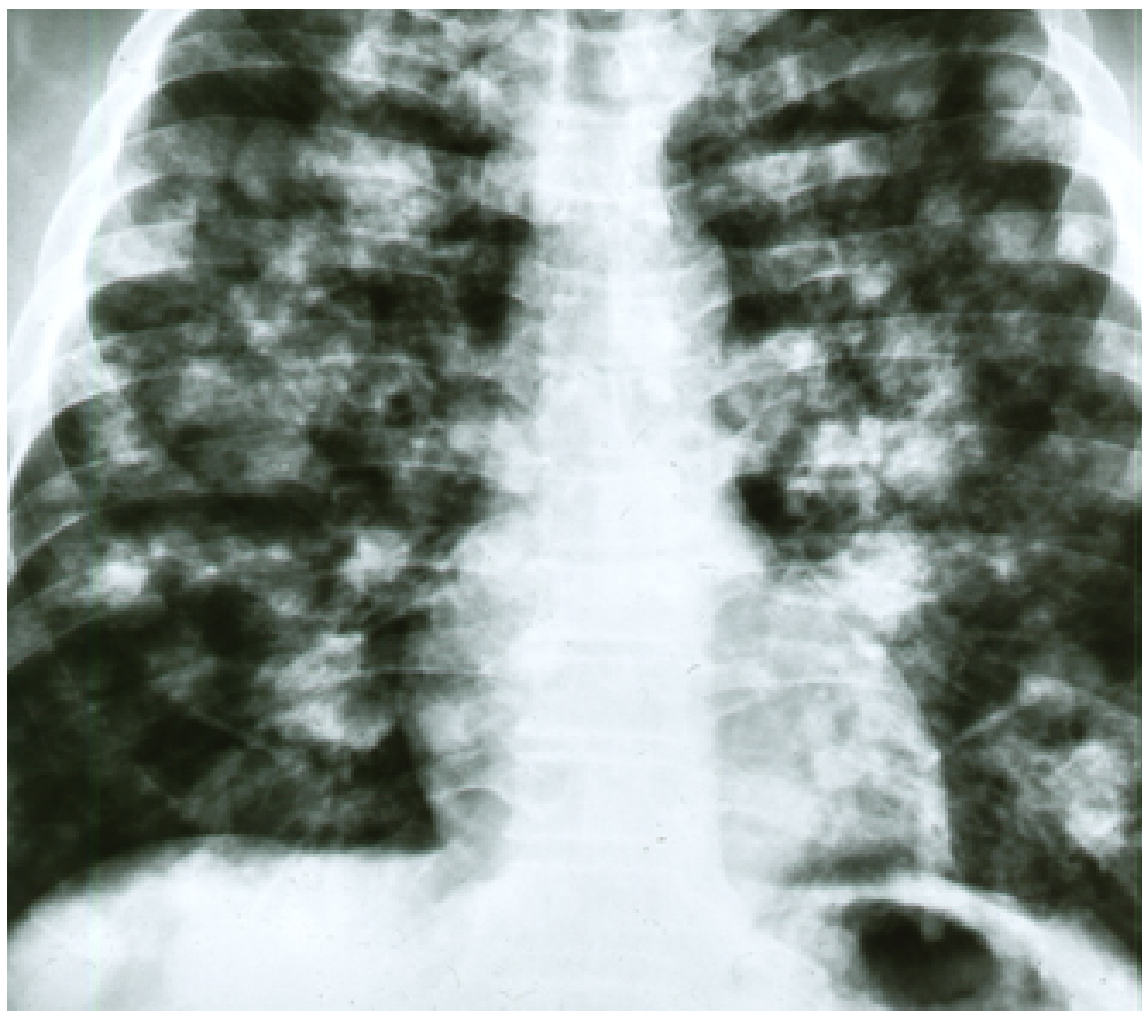
- **SPN size and corresponding likelihood of malignancy**



Differential Diagnosis of Solitary Pulmonary Nodules

- Vascular
 - Arteriovenous malformation
 - Pulmonary infarct
 - Pulmonary artery aneurysm
 - Pulmonary venous varix
 - Hematoma
- Congenital
 - Bronchogenic cyst
 - Lung sequestration
 - Bronchial atresia with mucoid impaction
- Inflammatory
 - Rheumatoid arthritis
 - Granulomatosis with polyangiitis (Wegener)
 - Microscopic polyangiitis
 - Sarcoidosis
- Lymphatic
 - Intrapulmonary or subpleural lymph node
 - Lymphoma
- Outside lung fields
 - Skin nodule
 - Nipple shadows
 - Rib fracture
 - Pleural thickening, mass or fluid (pseudotumor)

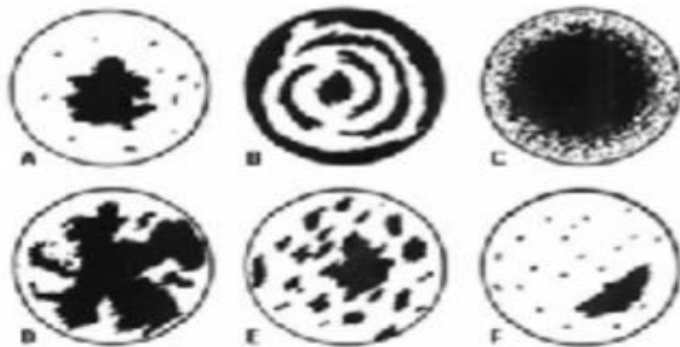






Radiographic Characteristics

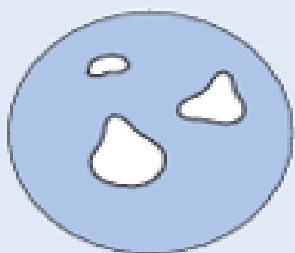
- **Calcification**



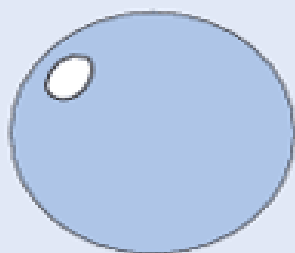
- | | |
|-----------------------|-----------|
| A. Dense Central Core | Benign |
| B. Laminated | Benign |
| C. Diffuse | Benign |
| D. Popcorn | Hamartoma |
| E. Punctate | Malignant |
| F. Eccentric | Malignant |



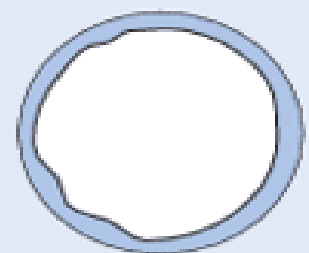
Central cavity



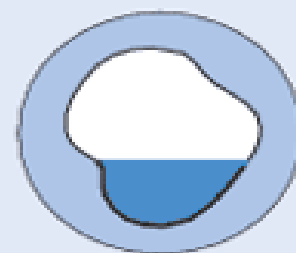
Locular cavity



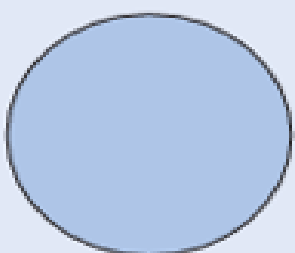
Eccentric cavity



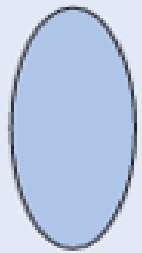
Thin-walled ring structure



Cavity with fluid



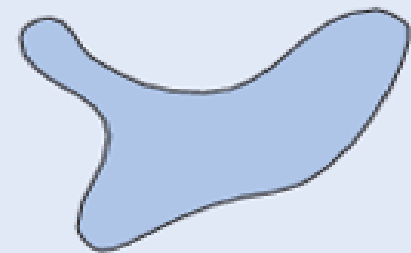
Round



Oval



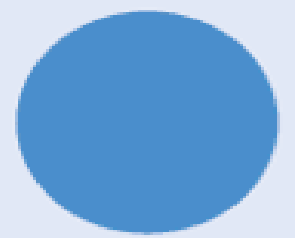
Spindle-shaped



Asymmetric



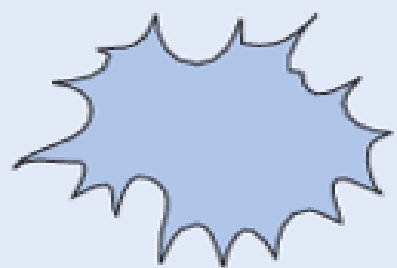
Lobed



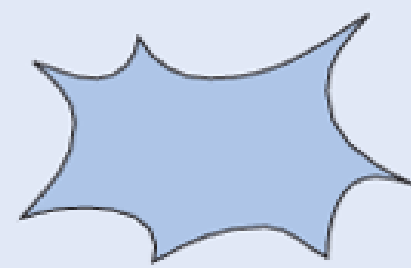
Sharp



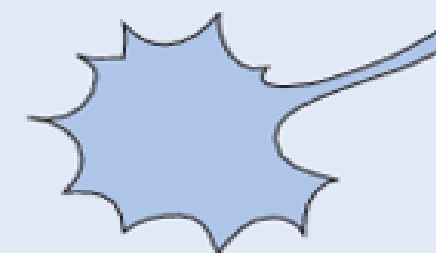
Unsharp



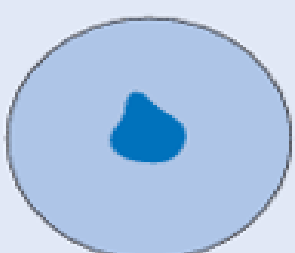
Corona radiata (fine)



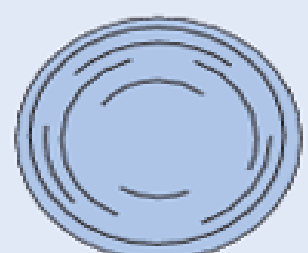
Corona radiata (coarse)



Extension towards the pleura



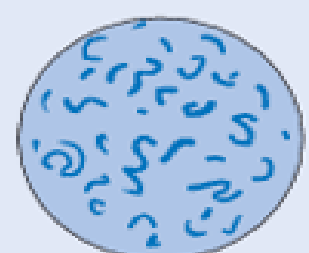
Central



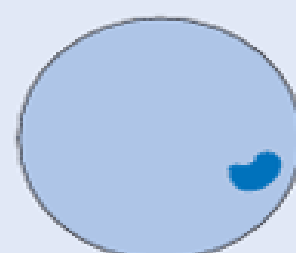
Concentric



Clumped, popcorn-like

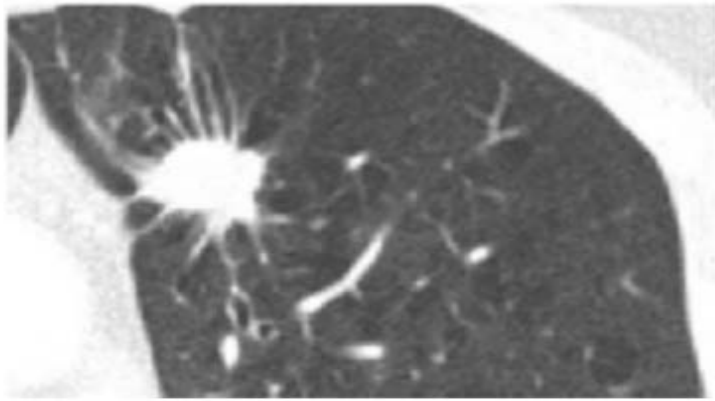


Diffuse

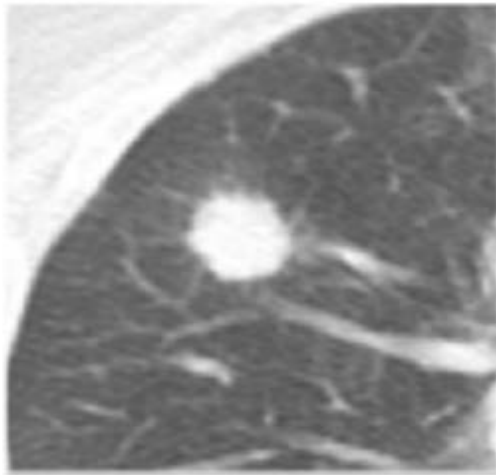


Eccentric

Margins

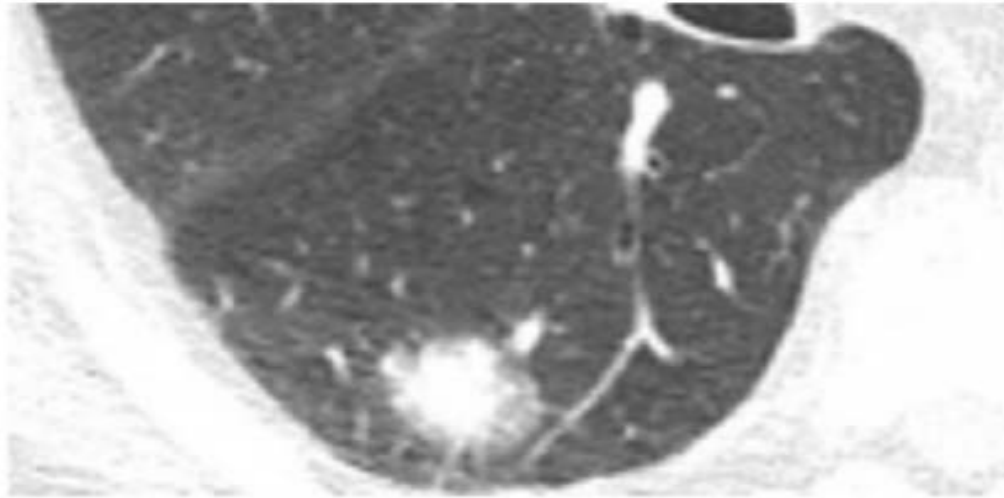


Spiculated



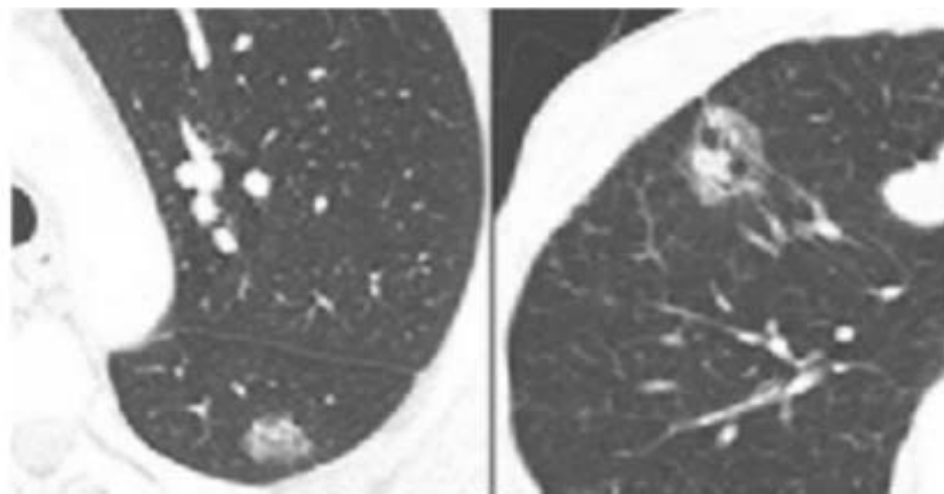
Ragged

Determining Probability Attenuation



Partly solid nodule containing Ground glass. High likelihood of being malignant

Attenuation



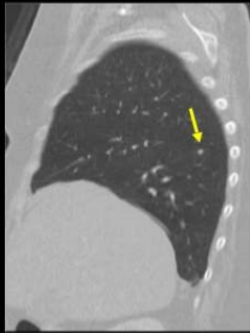
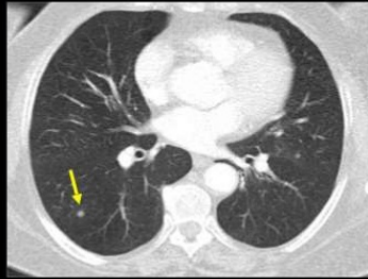
Ground glass lesion

Semi-solid lesion



70 year old woman non smoker and no cancer history

May 2012



6mm nodule in RLL,
unchanged after 24
months, no follow-up
needed.

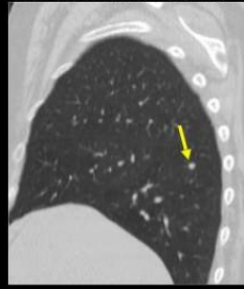
November 2012



May 2013



November 2013



May 2014



Calculator: Solitary pulmonary nodule malignancy risk in adults (Brock University cancer prediction equation)

Input:

Age years ▼Sex ☐ Female (0.6011)☐ Male (0)Family history of lung cancer ☐ (0.2961)Emphysema ☐ (0.2953)Nodule size mm ▼Nodule type ☐ Nonsolid or ground-glass (-0.1276)☐ Partially solid (0.377)☐ Solid (0)Nodule in upper lung ☐ (0.6581)Nodule count # ▼Spiculation ☐ (0.7729)

Results:

Log odds Cancer probability % ▼Decimal precision ▼

تشکر از توجه
و تحمل شما