April 2013 Arizona Thoracic Society Notes

A dinner meeting was held on Wednesday, 4/24/2013 at Scottsdale Shea beginning at 6:30 PM. There were 13 in attendance representing the pulmonary, critical care, sleep, infectious disease, and radiology communities. Drs. Gotway and August, thoracic radiologists, were both unable to attend. Dr. Tilman Kolesch from Maricopa more than capably filled in as our radiologist.

The meeting was preceded by a discussion on Pharma and the availability of physicians who accept money, including dinners, from pharmaceutical companies. The Arizona Thoracic Society is sponsored by pharmaceutical companies.

Ken Knox asked if Arizona Thoracic Society meetings could be held in Tucson during July and December, the two months meetings have not been scheduled. The attendees enthusiastically endorsed this expansion of the Arizona Thoracic Society meetings.

In addition, Dr. Knox wishes to sponsor a winter symposium in Tucson in collaboration with the Arizona Thoracic Society. The attendees also enthusiastically endorsed this meeting.

Four cases were presented:

1. Tim Kuberski, infectious disease from Maricopa, presented a case of a 27 year old woman who was in her 38th week of pregnancy who was referred for an abnormal chest x-ray. She has a positive history of tuberculosis which was treated with only 2 weeks of isoniazid, rifampin and ethambutol. Her chest x-ray showed volume loss and left upper lobe cavitary disease. This had progressed from an old chest x-ray taken several years previously. Sputum was positive for acid-fast bacilli. Previously the patient had grown *Mycobacterium kansasii*. Given that she was in her 38th week of pregnancy, the patient was asymptomatic and the tempo of her disease appeared slow, most suggested waiting until after her delivery to start therapy.
2. Tom Colby, pulmonary pathologist from the Mayo Clinic presented a case of a 5 year old with enlarging nodules in both lungs. The child had a history of cystic pulmonary adenomatoid malformation or congenital cystic adenomatoid malformation (CPAM/CCAM) at 8 days. Biopsy of the lesions revealed histology consistent with mucinous adenocarcinoma. This has been previously reported (Am J Surg Pathol. 2003;27:1139-46).
3. Dr. Colby also presented a case of a 38 year old with a history of sarcoidosis that had developed cystic changes in the left upper lobe. Biopsy was consistent with mucinous adenocarcinoma. Dr. Colby discussed the potential association of these lymphocytic predominant lesions with mucinous adenocarcinoma.

4. Lewis Wesselius, pulmonologist from the Mayo Clinic, presented a 65 year old from Colorado with lung masses. The patient had a history of dermatomyositis and was being with intravenous immunoglobulin (IVIG), prednisone and methotrexate for his dermatomyositis and warfarin for his pulmonary embolism. A thoracic CT scan showed multiple nodules which were new compared to an old chest x-ray. A PET scan was positive. A CT guided biopsy was nondiagnostic. Video-assisted thorascopic surgery (VATS) biopsy showed an Epstein Barr Virus-positive immunodeficiency-associated lymphoproliferative disorder with Hodgkin lymphoma-like features. Dr Wesselius reviewed immunodeficiency-associated lymphoproliferative diseases. If was thought that the patient's case was most consistent with a methotrexate-induced lymphoma which have been reported to spontaneously improve with discontinuation of methotrexate. Methotrexate was discontinued and the lesions are shrinking.

There being no further business the meeting was adjourned at about 8 PM. The next meeting is scheduled for Wednesday, May 15 prior to the American Thoracic Society meeting in Philadelphia.

Rick Robbins
Arizona CCR Representative