Isolated chest wall implantation of non-small cell lung cancer after fine-needle aspiration: a case report and review of the literature

Vieri Scotti¹, Vanessa Di Cataldo¹, Massimo Falchini², Icro Meattini¹, Lorenzo Livi¹, Dario Ugolini³, Camilla Eva Comin⁴, Ernesto Mazza², Ciro Franzese¹, and Giampaolo Biti¹

¹Radiation-Oncology Unit, and ²Radiology Unit, Department of Clinical Physiopathology, University of Florence, Florence; ³Chest Surgery, Department of Medical and Surgical Specialties, Careggi University Hospital, Florence; ⁴Department of Critical Care Medicine and Surgery, Division of Pathological Anatomy, University of Florence, Florence, Italy

ABSTRACT

Percutaneous fine-needle aspiration biopsy (FNAB) is a well-established and useful procedure in the diagnosis of lung squamous cell carcinoma (LSCC). Tumor seeding has been shown to be a potential risk. We report the case and management of a 78-year-old patient affected by LSCC who developed a chest wall metastasis in a straight line from the primary lesion along the FNAB needle track. Although tumor seeding after FNAB is a rare but possible complication, we suggest that careful examination for implantation (with periodical CT scans) should be performed for at least three years after FNAB.