J Cont Med A Dent. January-April 2020; 8(1):75-78.

Pulmonary Blastoma with Focal Yolk Sac Differentiation- A Diagnostic Challenge

Saroj Bolde, Shubhangi Aagle, Sarang Waghmare, Varsha Wagh, Sanjay Bijwe

Dr. Sarang Waghmare, Resident, Department of Pathology, Grant Government Medical College and Sir JJ Hospital, Byculla Mumbai – 4000008. Email:

Abstract

Background: Pulmonary blastoma is an unusual primary lung malignancy, constituting about 0.25%- 0.5 % of all primary lung tumors. It is asymptomatic in up to 40% of patients. Cough, chest pain, hemoptysis, fever, and dyspnoea were common symptoms. Clinically diagnosis may be difficult so, histopathology is necessary to confirm the diagnosis. **Case presentation:** We present a case of 14 years male child presenting with fever, cough, chest pain, breathlessness and occasional blood in the cough. Clinically and radiologically the lesion was diagnosed as pneumonia. The patient died despite treatment. An autopsy was performed. The diagnosis was done on histopathology of lung tumor as pulmonary blastoma immunohistochemistry showed focal immunoreactive result with Glypican-3 and alfa Fetoprotein. **Conclusion:** because of the rarity of pulmonary blastoma and to aware recent WHO reclassification of the lung tumor, we reported this case. Now pulmonary blastoma is classified as a separate entity and subtype of sarcomatoid carcinoma which is non-small cell carcinoma. It should be differentiated from fetal adenocarcinoma, pleuro-pulmonary blastoma.