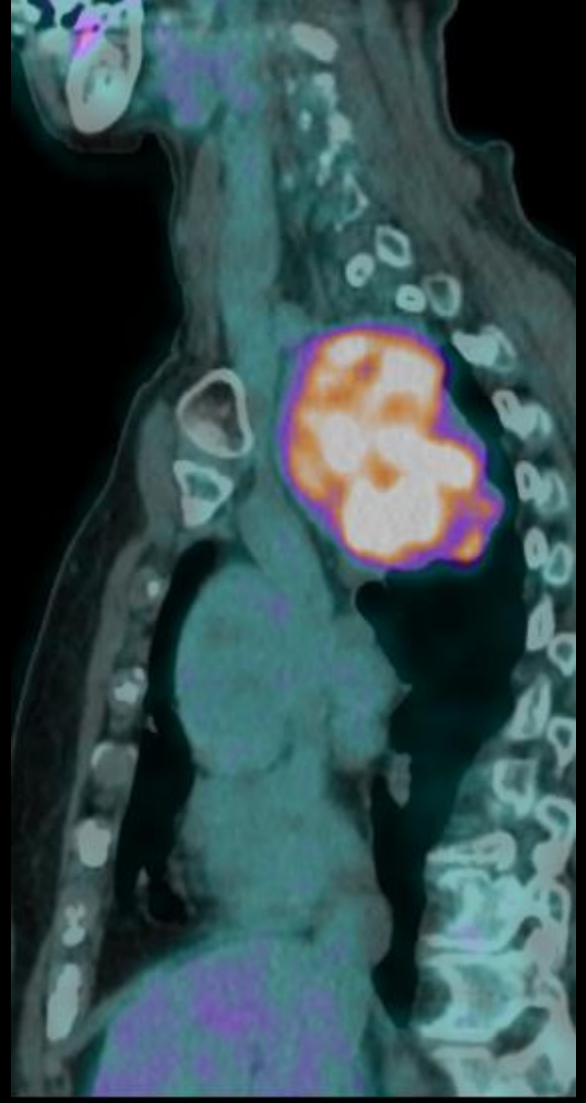
a.

b.

c.

Figure 1 (a;b) Saggital and axial mediastinal window of the chest-CT revealed a heterogeneous mass located at the middle and posterior mediastinum. The lesion involved the right upper lobe seen in the Saggital Reconstruction CT (fig c)

a.

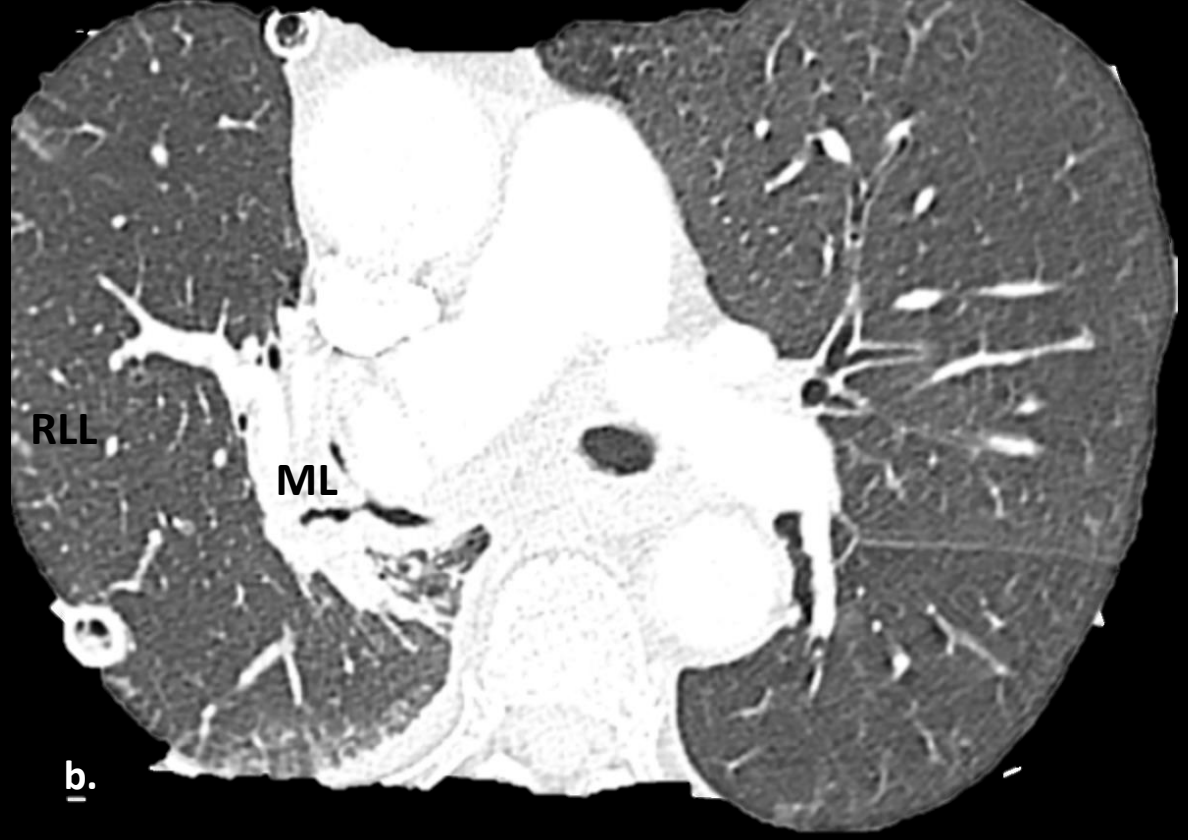


b.

b.

Figure 2 (a;b;c). 18F-FDG PET/CT was performed to characterize the lesion, which showed intense uptake of the lesion and lymphadenopathy , suggesting a neoproliferative process

a.



b.

Figure 3. Chest CT obtained on POP day 2 following primary surgery. Axial lung window (Fig 3 A;B;C) demonstrate ground-glass opacities and interlobular septal thickening in the middle and right lower lobe. There was a small pneumothorax and small amounts of pleural effusion on the right side, to be expected postoperatively. Fig A;B show the chest drain in place with its tip over the apex of the right lung.

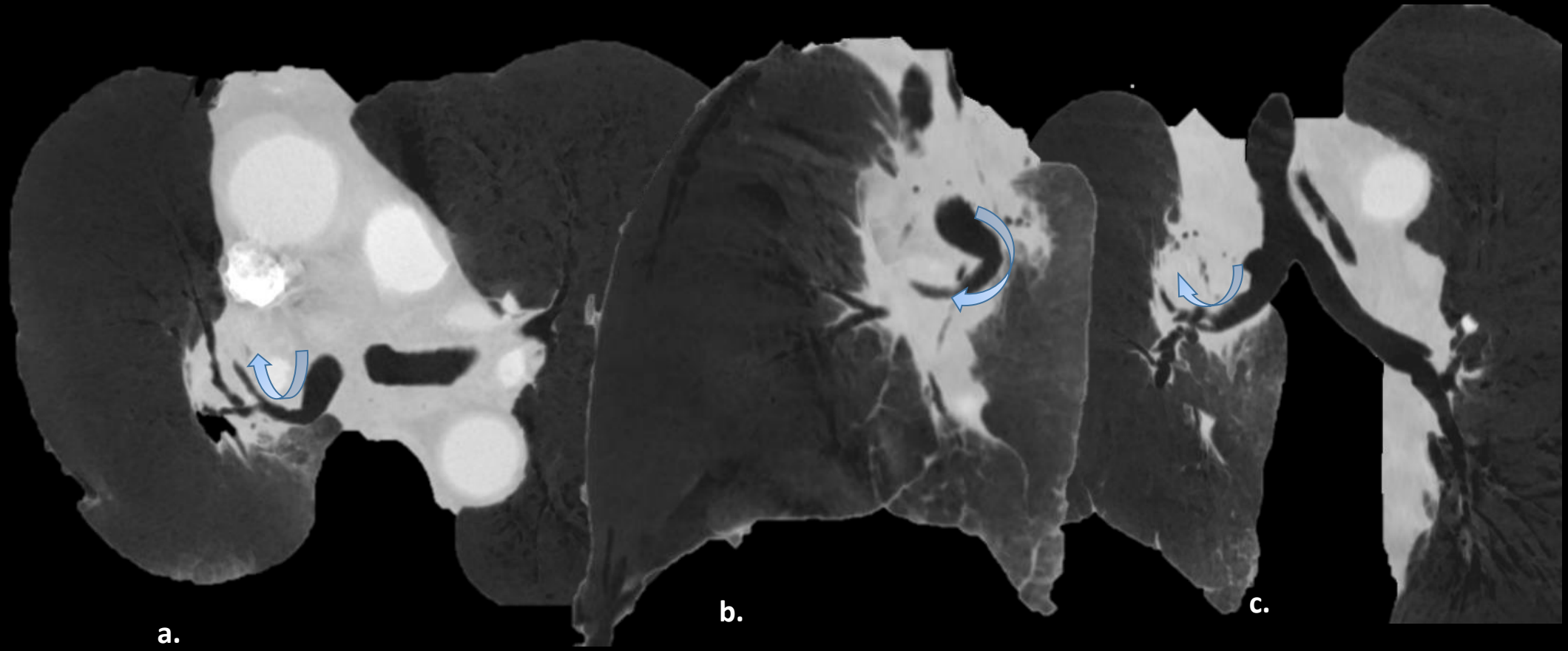
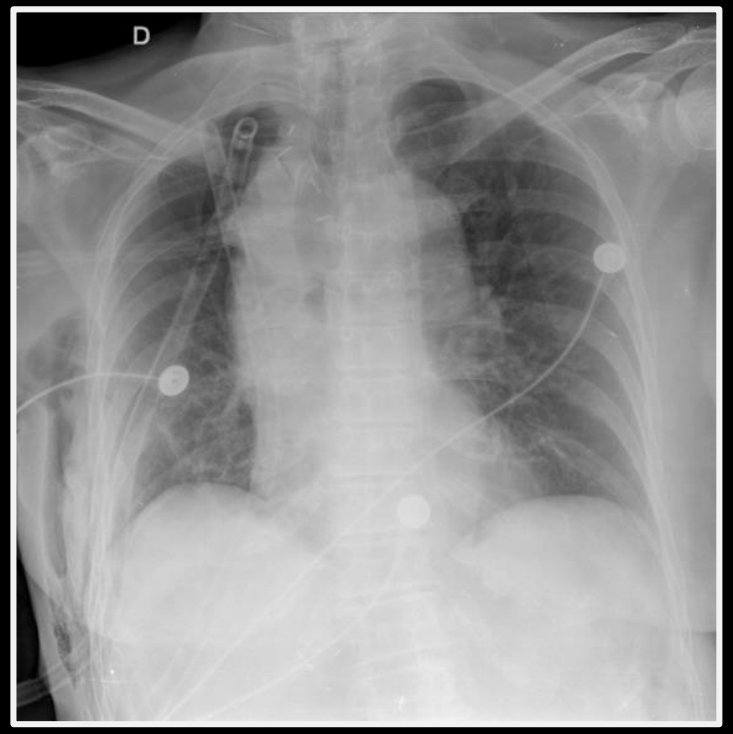
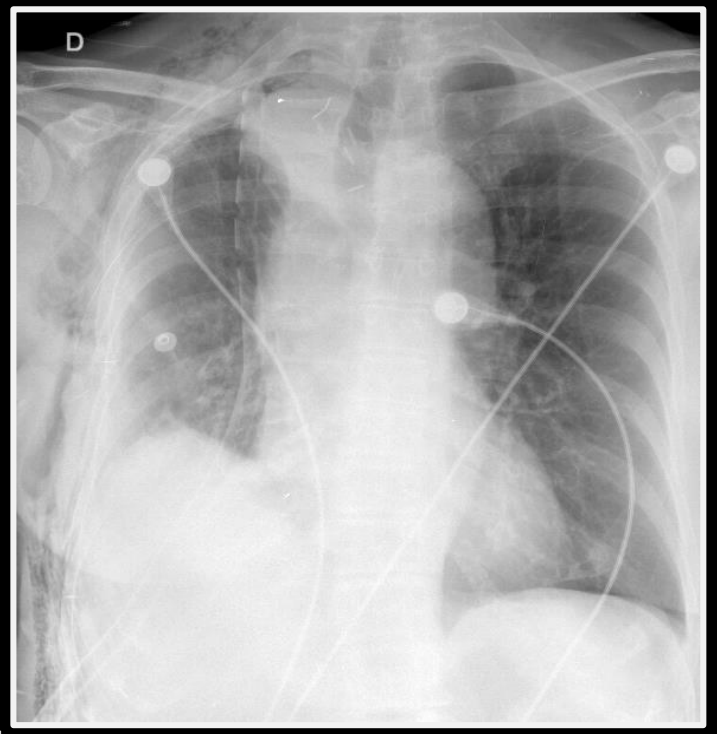


Figure 4 (a;b;C) Ches CT MinIP: Occlusion of the right upper pulmonary vein and swirling of the arteries to the middle lobe

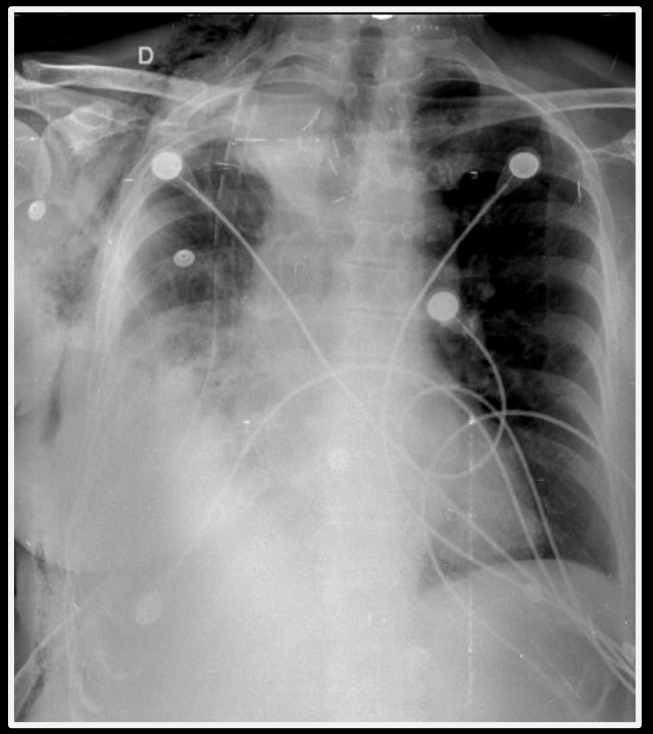
Figure 5: The first (A) postoperative chest x-ray performed after the upper lobectomy. Opacity adjacent to the right hilum. Chest x-ray performed 48 hours postoperatively (B). There is a rise in opacification around the right perihilar region, characterized by clearly delineated upper and lower boundaries created by the limits of the twisted right middle lobe. Chest x-ray performed 72 hours postoperatively (C), affirms a progressing deterioration, manifesting as a more extensive opacification projected across the hemithorax.



a.



b.



c.

1st day → 2nd day → 3rd day