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Clinical Image

The Real Culprit Behind the Cannonball Pattern

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Image Case Presentation:

The "cannonball" pattern describes the radiological appearance of multiple, well-defined, rounded pulmonary nodules of variable size. It is a characteristic manifestation of haematogenous pulmonary metastases, although the differential diagnosis includes infectious, inflammatory and vascular conditions [1]. Renal cell carcinoma is classically associated with this appearance, while colorectal and other solid malignancies may also present with multiple "cannonball" metastases [1–3].

We present an 87-year-old woman with colon adenocarcinoma who presented to the emergency department with worsening dyspnoea and several days of disorientation. Chest radiography revealed multiple bilateral pulmonary nodules in a diffuse "cannonball" pattern (Figure 1). Remarkably, these findings were absent on a chest radiograph obtained less than one year earlier (Figure 2), highlighting the rapid progression of the disease. Brain computed tomography demonstrated a 2.8-cm rounded, heterogeneous lesion in the deep left temporoparietal region, adjacent to the ventricular system, suspicious for a neoplastic lesion. Further investigation confirmed pulmonary and cerebral metastases from colon adenocarcinoma.

This case highlights the importance of recognising the "cannonball" pattern as a radiological clue to metastatic disease, particularly in patients with a known malignancy. Comparison with previous imaging may provide an important clue to disease progression and help guide further diagnostic evaluation and management.

Keywords: Pulmonary Metastases, Pulmonary Nodules, Chest Radiography, Cannonball Pattern.

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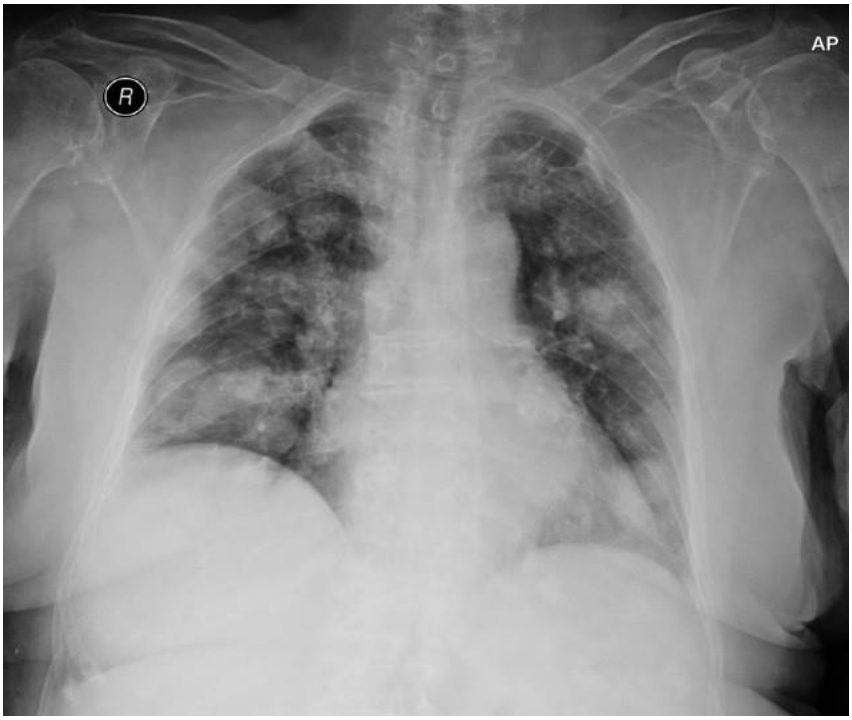

Figure 1: Chest radiograph showing multiple bilateral pulmonary nodules in a diffuse "cannonball" pattern.

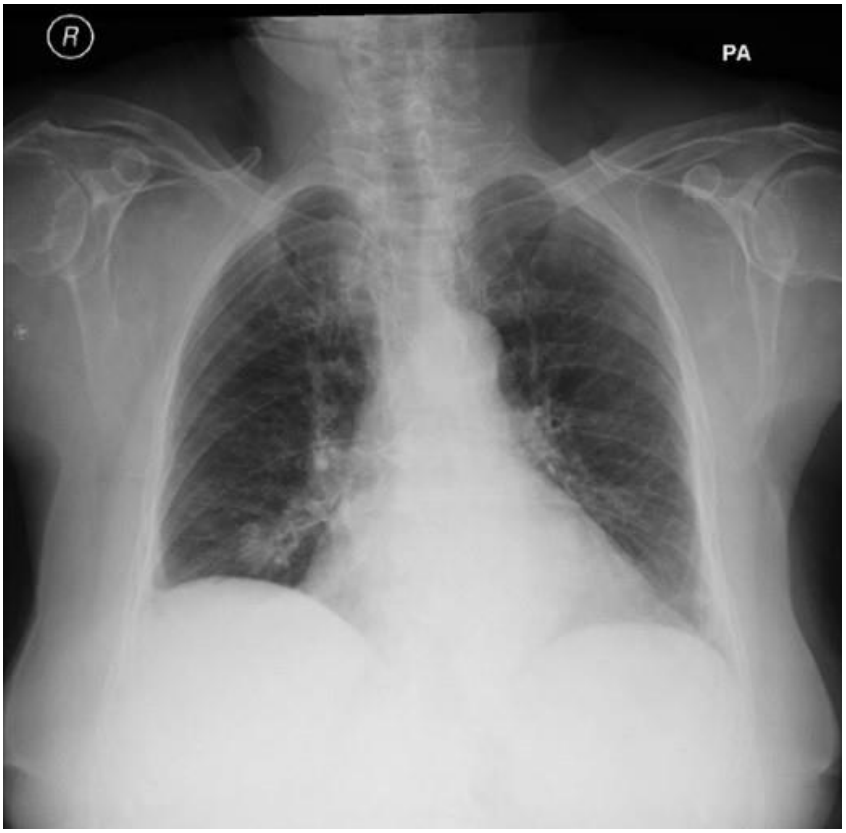

Figure 2: Previous chest radiograph obtained less than one year earlier, showing no significant pulmonary abnormalities.

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References:

1. Ammannagari N, Polu V. Cannon ball pulmonary metastases. BMJ Case Rep 2013;2013. DOI: 10.1136/bcr-2012-008158.

2. Hla Aye MT, Rubel AR, Han MB, Kyaw AY, Mani BI, Chong VH. Pulmonary cannonball metastasis and renal cell carcinoma. QJM 2022;115:856–857. DOI: 10.1093/qjmed/hcac203.

3. Kim EY, Lee JI, Sung YM, Cho SH, Shin DB, Kim YS, et al. Pulmonary metastases from colorectal cancer: imaging findings and growth rates at follow-up CT. Clin Imaging 2012;36:14–18. DOI: 10.1016/j.clinimag.2011.04.018.