A difficult diagnosis

A 61-year-old female with a 30 smoking pack year history presented with a 4-month history of progressive neurological symptoms characterized by lower limb weakness and paraesthesia. Multiple initial investigations revealed no obvious cause. A computed tomography/positron emission tomography (CT-PET) demonstrated intense and isolated fluorodeoxyglucose (FDG) uptake in a minimally enlarged (2 cm × 3 cm) lower right paratracheal node (Figure 1A). Cytological features obtained following

![Image](https://example.com/image1.png)

**Figure 1.** (A) PET/CT showing intense FDG uptake in a right lower paratracheal lymph node (arrows). (B) Endobronchial ultrasound image showing biopsy needle situated within the lymph node (arrow).
an endobronchial ultrasound transbronchial needle aspiration (EBUS-TBNA) (Figure 1B) suggested small cell lung cancer. Despite only small volume lymphadenopathy, small cell lung cancer was therefore thought to be the cause of disabling paraneoplastic symptoms in this patient. In individuals with undiagnosed neurological symptoms (especially with a significant smoking history), a CT/PET should be considered in an attempt to detect occult malignancy. Moreover, EBUS-TBNA facilitates a non-invasive method to biopsy mediastinal lymph nodes in a safe manner without the need of a mediastinoscopy.

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