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Cannon Ball Secondaries

1. The classical chest lesions in the form of multiple smooth and nodular opacities are called 'Canon ball secondaries'. These lesions are highly suggestive of advanced malignancy with metastatic deposits in the lungs.
2. The differentials include infective lesions of bacterial, fungal, or tubercular origin, hydatid disease, and Wegner's granulomatosis among others [1]. The age, clinical features, and associated constitutional features in the history helps rule out most of the disorders to reach final diagnosis.
3. In this young male adolescent with huge scapular mass, a provisional diagnosis of malignant bone lesion like osteosarcoma was made as the primary lesion. The cannon ball lesions are traditionally linked to be associated as secondaries from extrathoracic neoplasm. Mostly the lesions are secondaries from various primary sites [2]. Conventionally, associated with bad prognosis, some of the lesions are reported to have favorable prognosis [3]. The neglected or delayed presentation in usual scenario makes the prognosis worse. The treatment is aimed at palliative care along with limb sparing surgery in a specialized care centre involving multidisciplinary team approach.

Our patient was referred to higher centre with appropriate facility for palliative care and limb salvage surgery. One important aspect of treatment is that biopsy of the lesion for histo-pathological confirmation should be procured by preferably the same surgeon who will be doing the definitive procedure so that to plan the biopsy site in accordance with future incision and help minimize spread to various planes or possible recurrence. The final diagnosis was confirmed as osteosarcoma while the patient is undergoing treatment.

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REFERENCES

1. Seaton A. Other pulmonary neoplasm and related conditions. Crofton and Douglas's Respiratory Diseases. In: Seaton A, Seaton D, Leitch AG, editors. 5th ed. Oxford: Blackwell science ltd; 2000.
2. Mohammed TL, Chowdhry A, Reddy GP, Amorosa JK, Brown K, Dyer DS, *et al.* Expert Panel on Thoracic Imaging. ACR appropriateness criteria screening for pulmonary metastases. J Thorac Imaging. 2011;26:1-3.
3. Flavin R, Finn S, McErlean A, Smyth P, Meaney J, O'Connell F, *et al.* Cannonball metastases with favorable prognosis. Ir J Med Sci. 2005;174:61-4.

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