



Letter to the Editor: Indeterminate pulmonary subsolid nodules in patients with no history of cancer

Furkan Ufuk

Dear Editor,

I read with interest the original article entitled "Indeterminate pulmonary subsolid nodules in patients with no history of cancer: growing prediction, CT pattern, and pathological diagnosis" by Guo et al.¹ In this retrospective study, the authors assessed the growth patterns of indeterminate subsolid pulmonary nodules on computed tomography in patients without a history of malignancy. The authors reported that the risk of pulmonary subsolid nodule growth increases by 4% each year in patients without a history of malignancy. They further stated that partial solid nodules have a three-fold greater risk of growth than non-solid nodules, and that subsolid nodules with aggressive pathological features grow faster. Although these results are remarkable and make an essential contribution to the literature, I suggest a few points need to be clarified to ensure the reproducibility of this study and the reliability of the data.

First, the authors reported that 80 subsolid nodules in 77 patients were resected. However, they have specified only 77 pathological diagnoses, including 29 adenocarcinomas *in situ*, 29 minimally invasive adenocarcinomas, 18 invasive adenocarcinomas, and one atypical adenomatous hyperplasia.¹ There is a discrepancy in the number of resected and histopathologically reported nodules in the study.

Second, Guo et al.¹ reported that all indeterminate subsolid nodules in their study were pre-malignant or had malignant histopathology. However, according to the literature, the incidence of malignancy in subsolid lung nodules is much lower than in the study of Guo et al.¹ It is known that the presence and size of the solid component and the size of the subsolid nodule increase the risk of malignancy. The malignancy rate of non-solid nodules smaller than 1 cm is approximately 1%, whereas the malignancy rate of partial solid nodules with a solid component of ≥ 6 mm is around 20%.²⁻⁴ The frequency of malignancy in indeterminate subsolid lung nodules in the current study is inconsistent with that reported in the literature.

KEYWORDS

Computed tomography, diagnosis, lung, neoplasm, nodule

From the Department of Radiology (F.U. ✉ furkan.ufuk@hotmail.com), Pamukkale University Faculty of Medicine, Denizli, Turkey.

Received 20 Apr 2022; revision requested 10 Jun 2022; accepted 08 July 2022.



Epub: 21.12.2022

Publication date: 30.05.2023

DOI: 10.4274/dir.2022.221590

References

1. Guo X, Jia X, Zhang D, Feng H, Dou Y, Shi G. Indeterminate pulmonary subsolid nodules in patients with no history of cancer: growing prediction, CT pattern, and pathological diagnosis. *Diagn Interv Radiol.* 2022;28(3):230-238. [\[CrossRef\]](#)
2. Hammer MM, Palazzo LL, Kong CY, Hunsaker AR. Cancer risk in subsolid nodules in the national lung screening trial. *Radiology.* 2019;293(2):441-448. [\[CrossRef\]](#)
3. Robbins HA, Katki HA, Cheung LC, Landy R, Berg CD. Insights for management of ground-glass opacities from the national lung screening trial. *J Thorac Oncol.* 2019;14(9):1662-1665. [\[CrossRef\]](#)
4. Baldwin DR, Callister ME; Guideline Development Group. The British Thoracic Society guidelines on the investigation and management of pulmonary nodules. *Thorax.* 2015;70(8):794-798. [\[CrossRef\]](#)

You may cite this article as: Ufuk F. Letter to the Editor: Indeterminate pulmonary subsolid nodules in patients with no history of cancer. *Diagn Interv Radiol.* 2023;29(3):561.