

NSC Lung Carcinoma with Rib Destruction and Possible Cavitation

Non-Small Cell Carcinoma of

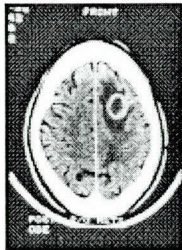
PA and LLAT view of the chest reveal a large RUL mass with rib destruction. Cavitation within the mass is questioned, especially on the lateral film. Biopsy revealed non-small cell carcinoma.

The patient complained of feeling "something snap" in her chest, corresponding to the pathological

fractures seen radiographically.



CT scan of the head



with contrast revealed enhancing mass lesions surrounded by edema.

Several Points are worth mentioning:

1. "Bronchogenic" carcinoma includes:

- Squamous cell (30-50% of cases -- highest correlation with smoking).
- AdenoCA (35% of cases -- most prevalent form on U.S.).
 - Bronchialveolar is subtype (?10% of cases).
- Large cell anaplastic (10-15% of cases).
- Small ("oat") cell (20-30% of cases -- considered Stage IV at presentation).
 - Hence the important distinction between small cell and non-small cell, as in this case.
 - Often associated with endocrinopathies b/o secretion of hormone-like substances.
- Rare varieties -- clear cell carcinoma, carcinosarcoma, basal cell carcinoma of the bronchus.

Mr. Hindsfitt 1600 Tues 21 May 2002 Telecon
He received Lr. today - please Marguerite pm.

25-Mar-98.

5 Cases.

→ 1-2 weeks

letter to Hindsfitt and request reports. —

2. Interesting points about Lung CA in general:
 - Usually solitary but can predispose to a second primary.
 - Doubling time between 1 and 18 months, depending on subtype.
 - Dystrophic calcification in 6 to 7%.
 - Screening programs have not shown to be effective.
 - 15-20% of patients with lung CA can have malignant cells in the sputum and a normal chest x-ray.
 - Nodules may be missed in screening studies even of high risk patients.

3. Interesting points about Lung Ca subtypes:
 - AdenoCA:
 - Usually peripheral and often forms in scars or in lungs with interstitial disease (e.g., Rheumatoid Lung).
 - May, itself, induce fibrotic (desmoplastic) changes.
 - Usually associated with hilar and mediastinal node involvement.
 - Patients often asymptomatic but distant metastases (e.g., brain, adrenal) may be present at the time of diagnosis.
 - Squamous cell CA:
 - Often central, slow growing, with late metastasis.
 - Atelectasis and post-obstructive pneumonia are common.
 - May therefore be discovered as the reason for persistent or recurring atelectasis or infiltrate.
 - Most likely tumor subtype to cavitate.
 - Bronchoalveolar CA:
 - A subtype of AdenoCA.
 - Can present as solitary nodule, multiple nodules.
 - Best known for appearing as infiltrate(S) with air-bronchograms, thus simulating pneumonia.
 - The most indolent subtype.

4. Staging Lung CA is difficult but crucial:
 - Uses standard T,N,M classification of tumor.
 - Determines resectability and survivability.
 - Basically, the worse the prognosis:
 - The larger the tumor.
 - The more central.
 - Involvement of hilar and mediastinal nodes and structures.
 - Pleural fluid (even if not containing malignant cells!).
 - Distant mets, malignant pleural fluid is the worst.
 - CT used for staging but frequently over- and under- estimate the Stage.
 - Bronchoscopy useful for diagnosis.
 - MRI useful for "problem solving."

Ref: *Armstrong, Peter, et al., Imaging of Diseases of the Chest, 2nd ed., Mosby - Year Book, Inc., St. Louis, MO, 1995. pp. 272-304.*

[HOME>](#)

[Unknowns>](#)

List of Cases>