Diffuse Metastases of Lung Adenocarcinoma with EGFR mutation

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A 63-year-old woman with a 2-month history of cough, hemoptysis, hoarseness, and numbness in the left hand and massive right cervical lymphadenopathy showed multiple, diffuse pulmonary nodules and left diaphragmatic elevation on plain chest X-rays (Picture 1). F-18 fluorodeoxyglucose (FDG) positron emission tomography imaging showed bilateral lungs filled with FDG uptake-positive nodules and multiple FDG uptake-positive lymph nodes and vertebral bones (Picture 2). Contrast-enhanced brain magnetic resonance imaging showed a solitary metastatic lesion in the left parietal lobe. The diagnosis was lung adenocarcinoma (cT4N3M1b UICC 7th) based on trans-bronchial biopsy of a lung nodule. Mutation analysis with the PNA-LNA clamp method (1) revealed a deletion of exon 19 in the epidermal growth factor receptor (EGFR) gene. Recently, Togashi et al (2) reported an association between EGFR mutations and diffuse, random, pulmonary metastases. EGFR mutations are considered to be an independent prognostic factor in non-small cell lung cancer patients. The present case was not diagnosed until the tumor was markedly progressed probably due to its slow proliferation. She experienced an extremely
efficacious clinical response when treated with merely a two-week treatment with the oral EGFR tyrosine kinase inhibitor (Picture 3).

The authors state that they have no Conflict of Interest (COI).

References


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