Endotracheal Metastases of Lung Cancer with Refractory Wheezing

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A 78-year-old Japanese woman showed refractory inspiratory and expiratory wheezing and persistent cough for 4 months despite taking a high-dose inhaled corticosteroid with a long-acting beta agonist. She was an ex-smoker of 58 years. She was seen at our hospital because of respiratory symptoms. Chest computed tomography (CT) scans showed nodular lesions in the right lower lobe. The patient was referred to our hospital for further evaluation. We performed bronchoscopy, which revealed a mass in the right middle bronchus. The mass was removed, and the histological examination revealed small cell lung cancer (SCLC). The patient was diagnosed with SCLC with metastasis to the trachea.

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pack-years and had a history of bronchial asthma and right upper-middle lobectomy for small-cell lung cancer (SCLC) (pT2aN0M0, Stage IB) 1 year before. On admission, multiple endotracheal and endobronchial nodules were observed on chest computed tomography (Picture 1) without central airway narrowing on chest radiography (Picture 2). A bronchoscopic examination revealed multiple polypoid nodules in the trachea and bilateral main bronchi (Picture 3). A biopsy specimen from the tracheal polypoid lesion revealed metastases from SCLC (Picture 4). She responded to thoracic chemoradiotherapy with carboplatin and etoposide, and her wheezing improved. Endotracheal/endobronchial metastases of SCLC are extremely rare (1, 2). However, clinicians should consider central respiratory tract metastasis of SCLC when examining patients with unexplained refractory wheezing.

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References


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