

# Uventet fund af endobronkial lungetumor ved bronkoskopi hos en storryger

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Oftentimes lung cancer is discovered with the help of X-ray examination or CT of the thorax. Small tumors in the bronchial tree can at the same time not always be seen with image diagnostic techniques, which is why bronchoscopy can be of great importance, which this case history illustrates.

## SYGEHISTORIE

A 60-year-old man was admitted with a view to operation for nasal polyps. He had no symptoms from the lungs or airways despite smoking equivalent to 50 pack-years. X-ray examination of the thorax and lung function testing showed normal conditions. In connection with a scientific project the patient accepted the proposed bronchoscopy. In the right upper lobe another segment a small tumor of the type placental carcinoma was found. PET-CT showed a 0,8 cm metabolically active area, which was entered into the lumen with classification T1aN0M0 (Figure 1). Preoperative rebronchoscopy showed that the tumor actually involved both the first and second segment and the main bronchus, thus T2a instead of T1a. The consequence was that instead of a thoracoscopic lobectomy an open muscle-sparing thoracotomy with lobectomy and sleeve resection, where the lobe was removed together with the involved part of the right main bronchus. Subsequently the patient underwent an anastomosis between the right main bronchus and the right intermediate bronchus. There was also performed a systematic lymph node dissection without finding any lymph node metastases. The final TNM classification

was thus T2aN0M0, stage Ib. The patient had no recurrence after two years, but a benign stenosis required repeated dilatations.

## DISKUSSION

Flexible bronchoscopy offers the opportunity to examine the central airways and is a widely available examination, which most lung physicians are trained in [1]. The practical training in the procedure includes certification, which requires specific requirements for competences [2, 3], followed by supervised training in the clinic.

This case history illustrates for the first time, how important it is, that the examination is performed correctly, as the bronchoscopy is a complete change in treatment strategy in a potentially operable patient with lung cancer. Most often the image diagnostic stage classification shows a higher and more advanced stage than the bronchoscopic stage classification, but in this patient the case history shows the opposite pattern.

The case history contains for the second time a learning point for the physician, who does not perform bronchoscopy himself, but takes a stand on which patients should be referred: Self-referred patients with surprising results from X-ray examination of the thorax can in some cases be glad of a bronchoscopy. There still exists, however, no systematic surveys, how often this is the case, as the indication normally requires ongoing symptoms.

For the third time the case history reminds the image diagnostician, that PET-CT is not necessarily a »facitliste« with regard to TNM classification of lung cancer.

## SUMMARY

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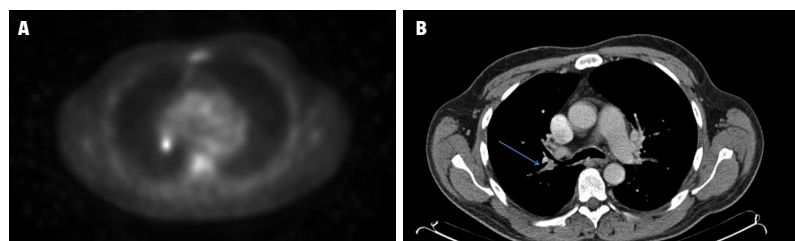
Surprising squamous cell carcinoma in the right upper lobe at bronchoscopy in a heavy smoker

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A 60-year-old male heavy smoker surprisingly presented with a squamous cell carcinoma in the right upper lobe at bronchoscopy. Combined PET-CT classified the lung cancer as

FIGUR 1

A. Et kraftigt PET-positivt område ved afgang af højre overlapsbronchus. B. CT af en lille lobuleret fortykkelse, prominerende fra den posteriore del af højre overlapsbronchus.



T1aNOMO. However, the endoscopic classification was T2a, which radically reversed the treatment schedule. Conclusions: 1) A careful bronchoscopy is important even in cases where lung cancer is not expected. 2) Accurate endobronchial classification can be crucial. 3) There is need for training requirements to obtain a satisfactory level of competence in bronchoscopy.

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#### LITTERATUR

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