

中文題目：一個少見病例：肺腺癌合併十二指腸和大腸轉移

英文題目：Primary lung cancer presenting with metastasis to duodenum and colon :a case report

作者：葉俊余<sup>1</sup>，盧建宇<sup>1</sup>

服務單位：<sup>1</sup> 署立屏東醫院胃腸肝膽科；<sup>2</sup>高雄醫學大學附設醫院胃腸科

**Abstract:**

- Lung cancer is the most common cause of cancer-related mortality worldwide. Half of the patients affected by lung cancer develop metastases to lymph nodes、liver bone、brain and adrenal glands. Gastrointestinal metastasis from primary lung cancer is rare. The common metastatic sites of GI are the stomach, small intestine or colon. Certain case reports have been published (1-5), including cases of symptomatic GI metastasis as well as asymptomatic cases discovered unintentionally. The most common histological tumor type causing gastrointestinal metastasis varies according across different studies. The cell type in Taiwan was squamous cell carcinoma (3/6) in the majority of cases. In another study, large cell carcinoma (10/18) was dominant in Italy. Our patient's pathologic report is poorly differentiated adenocarcinoma. The most common symptoms were bleeding, obstruction and abdominal pain and the median life expectancy following detection was 6 months.
- The 53 year-old man is a patient of lung adenocarcinoma ,stageIV post chemotherapy、type 2 Diabetes mellitus and Peripheral arterial occlusive disease. He was just discharged from chest ward because of pancreatitis history (2017/5/13~2017/6/13). This time, he presented to KMUH ER with acute abdomen pain after taking launch (2017/06/23). The pain character were dullness and it is located median quadrant. He denied radiated, relieving or predisposing factor. The physical examination showed pale conjunctiva, left lymphadenopathy ( path:adenocarcinoma), decreasing right breathing sound and hyper-activity bowel sound. No rebounding pain or muscle guarding were found. Blood examination showed elevated infection profile and iron deficiency anemia( Hb:8.4 g/dl, MCV:90.4/fl, Serum iron:33 ug/dL. TIBC:214.5ug/dL). Endoscope was arranged because of iron deficiency anemia. EGD showed nodulation with central ulcer over bulb and pathologic report showed metastatic adenocarcinoma. Colonoscope showed multiple oval nodule with ulceration over total colon and the pathologic report showed metastatic adenocarcinoma. We report a rare case of primary lung adenocarcinoma metastasis to duodenum and colon.

**References:**

1. Fletcher MS: Gastric perforation secondary to metastatic carcinoma of the lung: a case report. Cancer 46: 1879-1882, 1980.

2. Barrio J, Arriola JA, San Vicente MT, *et al*: Bleeding of the upper digestive tract due to gastric metastasis of squamous lung carcinoma. *Gastroenterol Hepatol* 22: 405-407, 1999 (In Spanish).
3. Ishii T, Kida K, Katsura H, *et al*: Large cell carcinoma of the lung with metastasis of the gastric submucosa. *Nihon Ronen Igakkai Zasshi* 36: 416-419, 1999 (In Japanese).
4. Yamamoto M, Matsuzaki K, Kusumoto H, *et al*: Gastric metastasis from lung carcinoma. Case report. *Hepatogastroenterology* 49: 363-365, 2002.
5. Casella G, Di Bella C, Cambareri AR, *et al*: Gastric metastasis by lung small cell carcinoma. *World J Gastroenterol* 12: 4096-4097, 2006
6. Hiroshi Sakai<sup>1</sup>, Hiroyuki Egi<sup>1\*</sup>, Takao Hinoi<sup>1</sup>, Masakazu Tokunaga<sup>1</sup>, Yasuo Kawaguchi<sup>1</sup>, Manabu Shinomura<sup>1</sup>, Tomohiro Adachi<sup>1</sup>, Koji Arihiro<sup>2</sup> and Hideki Ohdan, Primary lung cancer presenting with metastasisto the colon: a case report ,<sup>1</sup>Sakai et al. *World Journal of Surgical Oncology* 2012, 10:127
7. YEN-MIN HUANG<sup>1</sup>, TSAN-YU HSIEH<sup>2</sup>, JIM-RAY CHEN<sup>2</sup>, HUI-PING CHIEN<sup>2</sup>, PEI-HUNG CHANG<sup>1</sup>, CHENG-HSU WANG<sup>1</sup> and JEN-SENG HUANG<sup>1</sup>; Gastric and colonic metastases from primary lung adenocarcinoma: A case report and review of the literature; *ONCOLOGY LETTERS* 4: 517-520, 2012
8. ALDO PEZZUTO<sup>1</sup>, SALVATORE MARIOTTA<sup>1,2</sup>, FEDERICA FIORETTI<sup>1</sup> an STEFANIA UCCINI<sup>3</sup>, Metastasis to the colon from lung cancer presenting with severe hyponatremia and dyspnea in a young male: A case report and review of the literature., *ONCOLOGY LETTERS* 5: 1477-1480, 2013