

A patient with extended pneumonectomy for colorectal lung metastasis

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Colorectal cancers take the second rank in deaths due to cancer.¹ Approximately 35% of patients have already had metastasis during diagnosis and 30% have one organ metastasis especially in liver or lungs. In this letter we aimed to report a 29 year old female patient with colon cancer metastasis in left lung who underwent pneumonectomy due to serious haemoptysis. She was diagnosed as colon cancer 4 years earlier and had undergone colon resection followed by chemotherapy. Liver and lung metastasis were detected a little later for which she refused further chemotherapy. Computerized Thorax Tomography showed the existence of 36x47mm (Figure) sized mass lesion with spiculations in left upper lobe that covered the left pulmonary artery and left main bronchus, additionally there was involvement of the mediastinum at the level of pulmonary artery. The CEA value was measured as 1.15 ng/ml. Because of the increasing and continuous haemoptysis, pneumonectomy was performed. The histopathology report revealed the presence of the tumour in the left hilar lymph node. Postoperative follow-up was uneventful in the first post-operative year. Regression in complaints was observed including wheezing, continuous coughing, atelectasia and fever as well as haemoptysis and her overall life was more comfortable.

Metastasis was seen in 15-25% of the patients especially in the liver. Neoplastic cells that pass through the liver cause lung metastasis. The first pulmonary resection case caused by colorectal cancer was reported by Blalock in 1944. It was observed that long term survival can be achieved by the application of metastasectomy on patients having lung metastasis. In pulmonary resection the mortality during operation was reported as 0-2.4%.³ The 5 year survival in patients having colorectal cancer

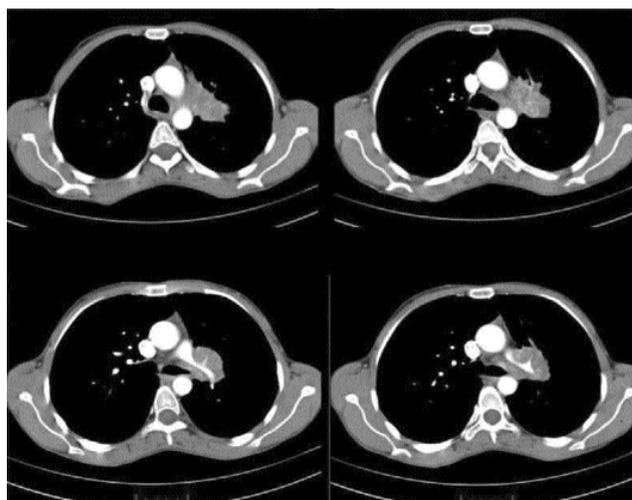


Figure: View by thorax tomography.

with pulmonary metastasis is 45.3%. The determining factors effecting the pulmonary resection on survival are the number of metastasis, its location (unilateral or bilateral), and the existence of hilar or mediastinal lymph nodes involvement. In our case there were 2 lesions in liver, unilateral lesion in lung, a bulk in left hilar region and an involvement in hilar lymph nodes. Although there are a limited number studies in literature, pneumonectomy may improve the comfort and survival of patients having colorectal cancer lung hilar metastasis.

References

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