

A Rare Presentation of Lung Adenocarcinoma Presenting as Posterior Tracheal Mass

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Background

Lung adenocarcinoma is the most common type of non-small cell lung cancers (NSCLCs). It represents about 40% of all cases of lung cancer, and even though is strongly correlated with smoking, it is also the most common subtype found in nonsmokers. Clinical presentation of adenocarcinoma varies widely and is often found in late stages which carries poorer prognosis and limited therapeutic options.

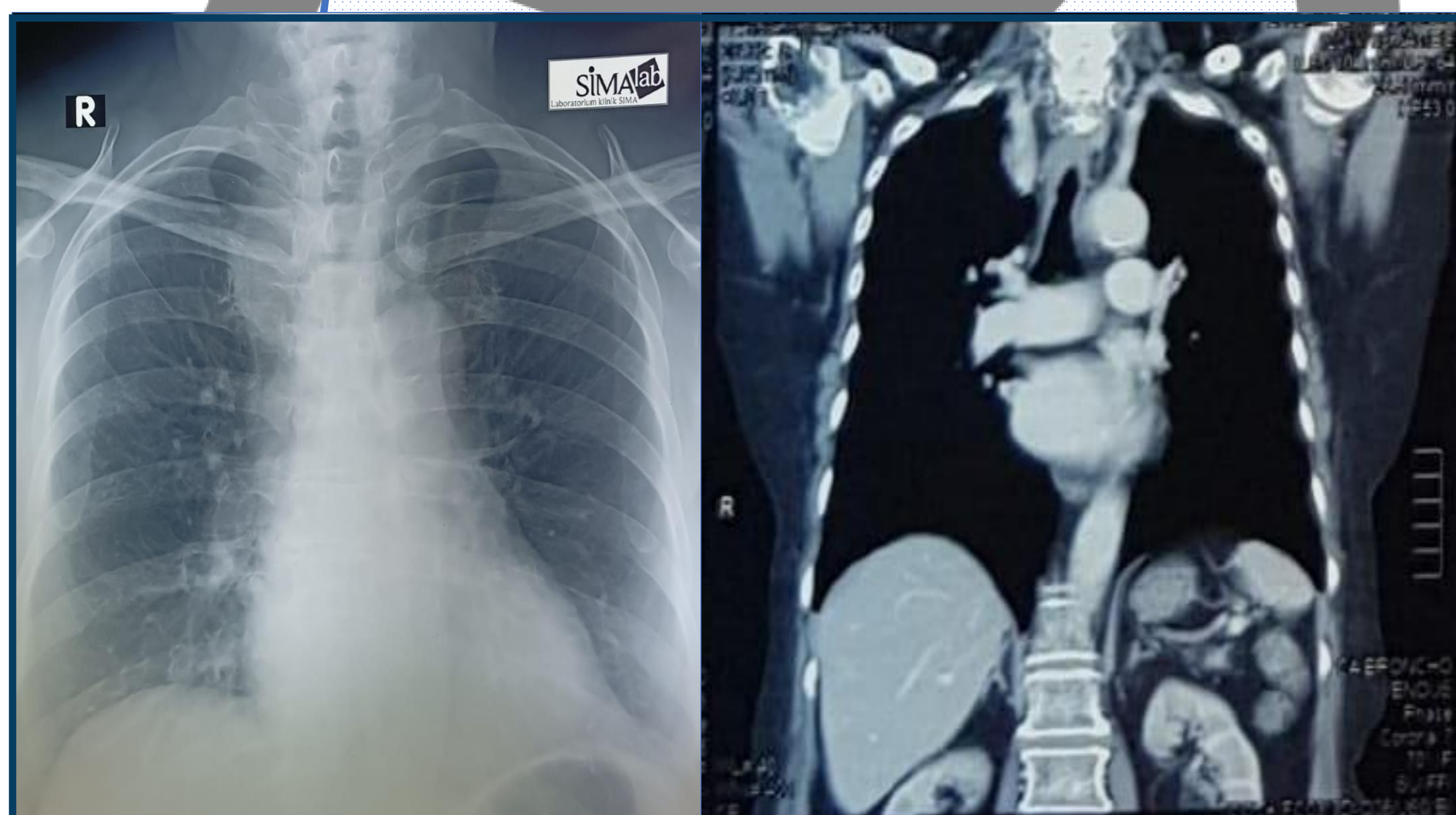


Figure 1. Chest X-Ray showed a homogenous opacity in the right side of trachea (left). Chest CT showed a thickened posterior trachea predominantly in the right side, with bowing of right vocal cord (right).

Conclusion

The high number of cases of lung adenocarcinoma, accompanied with subtle clinical presentation which often delay the diagnosis, should prompt clinicians to be more aware for the possibility of the disease even with no obvious abnormality in chest imaging.

Case

A 69-year-old nonsmoker woman with a history of year-long history of dry cough which worsened in the last 2 months. The cough is also accompanied with hoarseness and snoring, which prompt her to visit an ENT specialist. A laryngoscope reveals paresis of right vocal cord and a right tracheal mass on CXR. A neck CT reveals a thickened posterior tracheal wall with a suspicion of malignancy and lateral bowing of right vocal cord, but with no abnormality in chest CT. She was then referred to our pulmonology department for tissue sampling using bronchoscopy. Bronchoscopy showed an infiltrative stenosis with a suspicion of malignancy. A forceps biopsy obtained via bronchoscopy reveals an adeno / adenosquamous carcinoma morphology. Further immunohistochemistry test shows a positive Napsin-A and negative TTF-I and p40, consistent with adenocarcinoma with wild-type EGFR mutation. She was then treated with systemic chemotherapy as per our local protocol. After 3 series of chemotherapy, she came to our department for a follow-up with significant improvement in her symptoms.

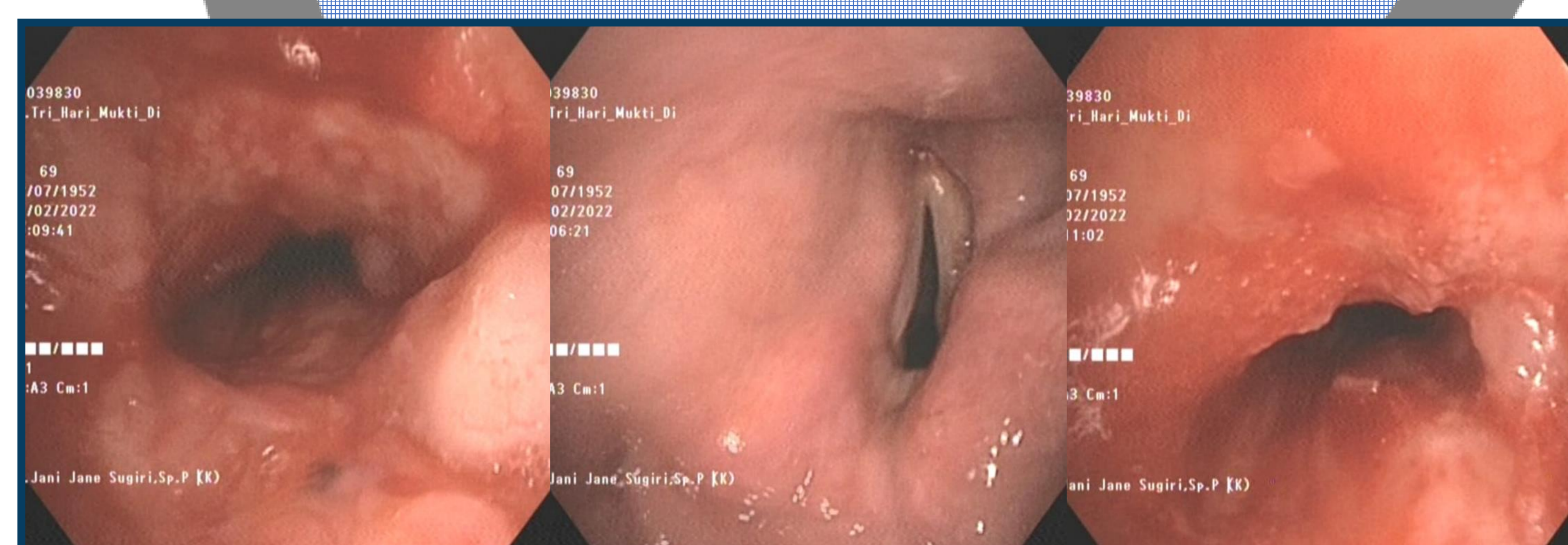


Figure 2. Bronchoscopy showed marked narrowing of inferior aspect of the trachea with edematous and rugged surface consistent of infiltrative stenosis. Note that bronchoscopy could not be proceeded due to narrowed lumen and bleeding tendency of the tracheal mucosa.

Keywords

Lung adenocarcinoma, Tracheal mass, Lung cancer