

Endobronchial Metastasis of Gastric Adenocarcinoma

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Dear Editor,

Endobronchial metastasis is rarely seen during the course of extrapulmonary malignant disease. Endobronchial metastases are frequently seen in breast, colon, and renal adenocarcinomas. They are less frequently seen in bladder, skin, thyroid, and pancreatic tumors; ovarian, testicular, and uterine melanomas; and various sarcomas. Pulmonary involvement of stomach cancer is commonly seen as lymphangitis carcinomatosa, pleural effusion, and solitary pulmonary nodule. Its endobronchial metastasis is rarely seen (1).

A 41-year-old male patient presented with complaints of cough, shortness of breath, and wheezing. In anamnesis, he had an operation and received treatments of chemotherapy and radiotherapy 2 years earlier due to gastric adenocarcinoma. In tomography, a nodular formation of 2 cm that extended from the left lower lobe superior to the basal segment was detected in the patient (Figure 1, 2). In bronchoscopy, mucosal irregularity and hyperemia existed at the entrance superior of the left lower lobe. In immunohistochemical staining of a mucosal biopsy, tumor cells stained positive for carcinoembryonic antigen (CEA) and cytokeratin 7 (CK7) and no staining with thyroid transcription factor-1 (TTF1), cluster of differentiation 20 (CD20), caudal-type homeobox 2 (CDX2), or NAPSIN A was detected. Our case was evaluated in keeping with adenocarcinoma metastasis in light of the morphology, clinical history, and immunohistochemical staining (Figure 3).

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Informed Consent: N/A

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FIGURE 1. Tomography of the mediastinum



FIGURE 2. Tomography of the parenchyma

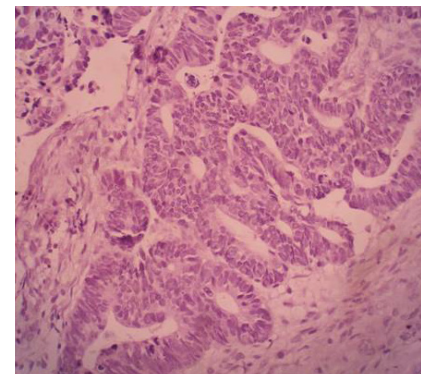


FIGURE 3. Mucosal biopsy

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