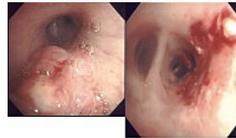


A case of metachronous primary non-small cell lung cancer treated by interventional bronchoscopy

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Multiple primary lung cancers (MPLC) are not uncommon and the frequency is recently increasing. Surgical resection is the treatment of choice for MPLC. However, many cases are limited to surgical treatment for many reasons. Interventional bronchoscopy could be an alternative treatment option for these groups of patients for curative and palliative treatment. Here we report a case of metachronous primary non-small cell lung cancer treated by interventional bronchoscopy. Primary lung cancer was diagnosed as squamous cell carcinoma in the right main bronchus. Surgical treatment was not possible because of poor pulmonary function. Therefore, patient was treated with bronchoscopic photodynamic therapy and chemotherapy. Complete remission had maintained until metachronous second lung cancer was detected. 7-years later, patient presented a history of hemoptysis with aggravated dyspnea. Computed tomography (CT) of chest showed abrupt obstruction of left main bronchus and resulted atelectasis in left lung fields. Bronchoscopic examination showed a polypoid mass with a stalk in the left main bronchus which almost completely occluded the left main bronchus. Histopathologically, it revealed sarcomatoid carcinoma and resected by snare cutting and electrocauterization. In this case, interventional bronchoscopy plays an important role in cure of cancer and relief of related symptoms.



primary SqCC



Secondary Sarcomatoid

A case of solitary bronchial papilloma mimicking lung cancer

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Solitary bronchial papillomas are rare benign tumors in adult derived from the bronchial epithelium. Adult bronchial papillomas can be classified by their cell types into three groups: squamous cell papilloma, glandular papilloma, and mixed squamous cell and glandular papilloma. Among them mixed squamous cell and glandular papilloma is extremely rare. Here we report a case of solitary bronchial mixed squamous cell and glandular papilloma mimicking lung cancer. The patient was a 58-year-old smoking male patient, presenting with cough, purulent sputum and fever. A bronchoscopy on this admission revealed a grape like polypoid lesion in the inferior lobar bronchus. We performed bronchoscopic biopsy and squamous dysplasia showing mild atypia was suspected on histopathological findings. FDP-PET scan showed a moderately hypermetabolic lesion in the left lower lobe. The patient was undertaken the left lower lobectomy. Histopathological diagnosis confirmed a mixed squamous and glandular papilloma.

