

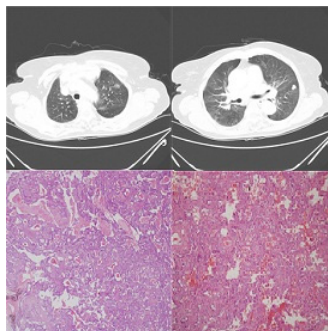
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A case of synchronous double primary lung cancer composed of pulmonary blastoma and adenocarcinoma

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The incidence of synchronous multiple primary lung cancer are increasing world wide, due to improvements in diagnostic and surveillance mechanisms. Pulmonary blastoma is not common cancer originating in the lung or pleural cavity. It occurs most often in infants and young children but also has been reported in adults. A rare case of double primary lung cancer composed of pulmonary blastoma and adenocarcinoma is reported. A 73-year-old female with no significant medical history went for a regular health checkup on Jan, 2016. Chest x-ray and CT scan revealed 1.0cm sized enhancing nodule in LLL and 1.4cm sized GGN in LUL. PET-CT Scanning and other evaluation was performed, and then we supposed double primary lung cancer. Through VATS wedge resection, pathologically we found adenocarcinoma in LUL and pulmonary blastoma, low grade in LLL. Adenocarcinoma was bronchioloalveolar carcinoma pattern, and free resection margin, no metastatic lymph nodes. Because of old age and patient condition, 1 month later we operated LUL lobectomy and there was no residual cancer. We report synchronous double primary lung tumors composed of Pulmonary blastoma and adenocarcinoma.



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Third primary carcinoma of the lung : A case report

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Most reported multiple lung carcinoma have been metachronous, and tumors having the same histology as the initial cancer. We report rare case of metachronous lung cancer that third primary lung cancer. A 72 year-old man was admitted for evaluation of RUL lesion, discovered on a low dose chest CT. He had 30 pack-years smoking history. Low dose chest CT showed multiple nodular lesion in RUL and RUL anterior segment abrupt luminal narrowing. Bronchoscopic biopsy was performed and RUL lesion was confirmed to be small cell carcinoma. He was treated chemotherapy (Etoposide and cisplatin) with radiation therapy. Twenty six months later, increased size of nodular lesion in RUL apical segment was detected on chest CT. 1.2cm sized nodular lesion in RUL apical segment and was diagnosed as adenocarcinoma by bronchoscopic cytology. No distant metastasis were detected by PET/CT and right upper lobectomy was performed. Fifth months later, well-defined nodular opacity in LUL was detected by chest X-ray. The LUL anterior segment had diagnosis as squamous cell carcinoma by bronchoscopic biopsy. We performed left upper lobectomy, and lesion in the LUL anterior segment was moderately differentiated squamous cell carcinoma. Chemotherapy was carried out using paclitaxel, carboplatinum and complete response was obtained after four courses of adjuvant chemotherapy. We report a rare case of third primary carcinoma of lung. It is important that patients who treated lung cancer require close follow up and should be advised to stop smoking, have regular chest X-ray.

