

Pulmonary adenocarcinoma with enteric differentiation : A case report

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Pulmonary adenocarcinoma with enteric differentiation is a rare subtype of invasive lung adenocarcinoma recently recognized in the WHO classification at 2015. It is defined as an adenocarcinoma in which the enteric component exceeds 50% on morphology with no evidence of other malignancies. Despite its relatively obvious pathologic definition, this cancer still lacks a distinctive immunohistochemical and molecular signature; posing diagnostic challenge to clinicians as it shares common pathologic profile with metastatic colorectal carcinoma. A 54-year-old woman was admitted to hospital following the evaluation of lung mass with 4 weeks of cough and posterior pharyngeal irritation. Computed tomography of the chest revealed 3.4cm lung mass in right lower lung with pleural invasion, and several small non-characterizing nodules. There was exophytic mass in bronchus intermedius in right lung on bronchoscopy. Bronchoscopic and percutaneous transthoracic needle biopsy of lung showed morphology characterized by glandular and papillary structures with cuboidal to tall-columnar cells with pseudostratified and atypical nuclei, which were consistent with enteric components containing lung primary adenocarcinoma. The tumor cells were positive for cytokeratin (CK) 7, and negative for CK20, CDX2, TTF-1(thyroid transcription factor). Furthermore, colonoscopy revealed normal finding which was done for exclusive diagnosis of metastatic colorectal adenocarcinoma. On the basis of morphology and CK7 positivity with negative stain for CDX2, she was diagnosed as primary lung adenocarcinoma with enteric differentiation. She has taken planned courses of palliative chemotherapy. **Key words:** Lung, Adenocarcinoma, Enteric type

Combination of Bavacizumab with Chemotherapy in Patients with Lung Cancer with Liver Metastasis

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Introduction: Lung cancer is one of the worst prognostic cancers. The survival rate of patients with stage 4 lung cancer is low, especially when invading major organs such as the liver and adrenal glands. Bevacizumab, anti-angiogenesis monoclonal antibody, showed better prognosis combination with chemotherapy of lung adenocarcinoma. We compared progression free survival and overall survival in patients with liver metastasis, with chemotherapy versus bevacizumab. **Method:** From January 2010 to April 2017, we analyzed the differences in treatment outcome between classic chemotherapy and adding bevacizumab with chemotherapy among patients with liver metastasis in lung cancer. Compare the overall survival, and progression free survival of liver metastasis. **Results:** There are 12 patients with chemotherapy and 5 patients with adding bevacizumab to chemotherapy. There was no difference in baseline characteristics among the two groups. The time taken to worsen the liver metastasis was 77.7 days in chemotherapy and 174 days in the group with bevacizumab. ($p=0.028$) Overall survival was 173 days in the chemotherapy group and 332 days in the group with bevacizumab. ($p=0.070$) **Conclusion:** In lung cancer patients with liver metastasis, there was no difference in overall survival between two groups, but the efficacy of inhibition of liver metastasis was better in the group with bevacizumab. We suggest that individual metastatic organ, as like liver, which has poor prognosis, has to re evaluate response to therapy, because of tumor micro environment.

Figure 1. Kaplan-Meier estimates of the period of time until the worsening of the liver metastasis

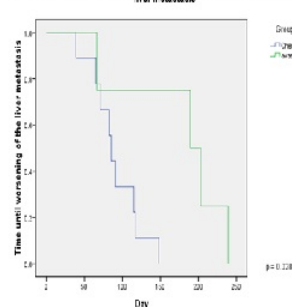


Figure 2. Kaplan-Meier estimates of overall survival

