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Epithelioid trophoblastic tumor mis-diagnosed as lung cancer was accompanied with colon cancer

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Introduction: GTN (Gestational trophoblastic neoplasm) appears with a probability of 1/40000 among all kinds of pregnancy. ETT (Epithelioid trophoblastic tumor) is a rare type of GTN and appears as a cystic lesion in the uterine myometrium. In this case, ETT misdiagnosed as lung cancer in the process of finding the causative lesion of metastatic brain tumor was accompanied by sigmoid colon cancer. The patient was completely cured with surgical resection and chemotherapy. **Case presentation:** A 37-year-old female visited hospital for headache that arose seven days before. A 4cm sized mass was found in her left cerebellum on brain MRI. The patient underwent brain tumor removal surgery and metastatic brain cancer was suspected. In PET CT, increased FDG uptakes were detected in the right upper lobe of lung, right breast, sigmoid colon, and uterine corpus. A 2cm sized sigmoid colon adenocarcinoma was diagnosed by colonoscopy biopsy. Needle biopsy was performed for a pulmonary nodule, and squamous cell lung carcinoma was diagnosed. After the three cycles of gemcitabine and cisplatin chemotherapy showed a partial response. With the judgment from the T1N0 stage lung cancer to the brain metastasis, it was different from the general clinical course, as multidisciplinary approach was carried out. Then the surgical removal of the lung tumor and the sigmoid colon cancer was undergone. Systemic review of the radiology and pathology discussion was done and finally diagnosed as metastatic ETT. Since she was an unmarried young female, hysterectomy was not conducted and there has been no finding of recurrence for sixteen months of follow up with CT and tumor marker. **Discussion:** In the initial work up, the patient was misdiagnosed as non-small cell lung cancer. The treatment progress showed unconventional clinical manifestations. Through active multidisciplinary approach and discussion, metastases of ETT to lung and brain was finally diagnosed and secondarily colon cancer was diagnosed. The case suggests that systematic review and multidisciplinary approach are important for metastatic malignancy showing atypical clinical manifestation.

Fig 1. Brain MRI (T1 Enhanced)

Fig 2. Chest CT

Fig3. Transvaginal USG

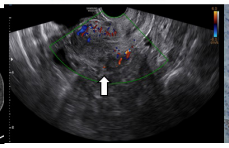


Fig 4. Pathology (Brain, P63, X200)

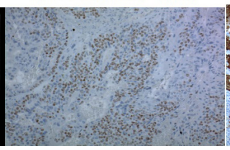


Fig 5. Pathology (Lung, P63, X200)

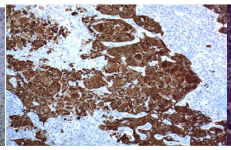
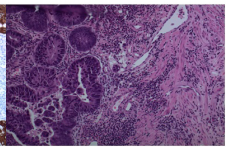


Fig 6. Pathology (Colon, H&E, X200)



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Efficacy of palliative chemotherapy by lines in patients with recurrent/metastatic esophageal cancer

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Background/Aims: Although surgery is mainstay of treatment in resectable esophageal cancer, 40% of pts are diagnosed with advanced disease, having a 5-year survival rate less than 10%. In advanced/recurrent cases, effective and tolerable treatment option is limited. In this study, we retrospectively analyzed 103 esophageal squamous cell cancer patients (pts) who received palliative CTx in de novo stage IV or were previously given chemotherapy (CTx) for concurrent chemoradiation in localized esophageal cancer before presentation with recurrent/metastatic disease. **Methods:** 103 pts who received palliative CTx at Asan Medical Center between May 2015 and Oct 2017 were included. Pts were classified into 4 groups according to previous treatment; Group A (definite chemoradiation, *n*=25), B (Surgery alone, *n*=8), C (chemoradiation and surgery, *n*=30), D (de novo, *n*=40). Group A, C (N=55) and Group B, D (N=48) were grouped together according to previous CTx exposure. Most commonly used CTx were FP or XP, taxane, and irinotecan based in sequence. **Results:** Median age was 63 years (range, 38-83). Baseline characteristics were balanced between CTx-naïve and CTx-pretreated group. FP/XP and taxane was the most common regimen in 1st and 2nd line, respectively. Overall response rate were 24.4%, 7.8%, and 3.7% in 1st, 2nd, 3rd line CTx, respectively. FP/XP group showed better response rate, 28.6% among 1st line regimens. Median PFS was 4.8, 2.0 and 2.2 months in 1st, 2nd, 3rd line CTx, respectively. Median PFS after 1st line CTx was longer in CTx-naive pts than in CTx-pretreated pts (4.1 vs 5.9 month, p=0.04). Median PFS after 1st line CTx in FP/XP group was significantly longer than taxane group (5.0 vs 1.6 month, p=0.007). Median overall survival (OS) was 8.5 month. FP/XP at initial CTx group showed significantly longer median OS than taxane group (10.8 vs 5.4 month, p<0.001). Proportion of patients proceeding to 2nd line CTx after failure of 1st line was higher in FP/XP group than taxane alone group (78.4% vs 40%, p=0.004). **Conclusions:** Pts with longer PFS in 1st line showed significantly longer PFS at later line and OS. Incorporation of effective treatment modality is crucial in management of recurrent/metastatic esophageal SCC.

	De Novo (N=48)				
	Overall response rate	Progression free survival	Overall survival	Compliance	m/c chemo agent
1st line (n=48)	30.8 %	5.9 month	8.5 month	59.3 %	FP/XP
2nd line (n=24)	4.2 %	2.0 month		24 %	Taxane alone
3rd line (n=13)	0 %	2.1 month		69.2 %	Irinotecan/cisplatin
	Previously treated (N=55)				
	Overall response rate	Progression free survival	Overall survival	Compliance	m/c chemo agent
1st line (n=55)	19.6 %	4.1month	8.4 month	50.9%	FP/XP
2nd line (n=28)	5.2 %	2.1 month		84 %	Taxane alone
3rd line (n=14)	7.1 %	3.7 month		7.1 %	Irinotecan/cisplatin

Table 1. Response, survival, and compliance of palliative chemotherapy by lines in patients with recurrent/metastatic esophageal squamous cell cancer

	Patients (pts) who underwent 1st line chemotherapy (CTx)	Pts who were PD at 1st line CTx	Pts who proceeded to 2nd line CTx	Pts who were PD at 2nd line CTx	Pts who proceeded to 3rd line CTx	Pts who were PD at 3rd line CTx	Pts who proceeded to 4th line CTx
Number of pts	103	75	50	42	27	16	9
Percentage of pts who proceeded to next line CTx after PD			66.7%		66.4%		56.3%

Table 2. After failure of chemotherapy, a proportion of patients can undergo next line therapy