REFERENCES


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A case of acute small bowel obstruction due to metastasis of undiagnosed primary carcinoma of the lung

Tanı konulamamış primer akciğer kanseri metastazına bağlı gelişen akut ince barsak obstrüksiyonu olgusu

To the Editor,

A 75-year-old man was admitted to our department with abdominal pain, nausea and vomiting. He was a heavy smoker (a packet/day/60 years) with chronic obstructive pulmonary disease. There were diminished breath sounds and dullness over the left lung, and examination of the abdomen revealed a diffusely tender abdomen with rebound and guarding. Rectal examination revealed Hematest–negative stool. Abdominal plain X-ray demonstrated air–fluid levels. Preoperative chest X-ray showed irregular increased density in the left lung hilus (Figure 1). Thorax computed tomography (CT) showed a tumor at the carina level in the left lung hilar area with vascular invasion. At laparotomy, a mass was found in the ileum that obstructed the ileum completely with invasion of its mesentery. Segmental ileal resection with end-to-end anastomosis was performed. Subsequent histological section of this tumor revealed metastatic adenocarcinoma of the lung. Sputum cytology revealed malignant epithelial cells. Bronchoscopy on the fourth postoperative day revealed endobronchial lesion, which was totally obstructing the left upper and lower segments. Bronchial brushing demonstrated adenocarcinoma of the lung. The patient was accepted as stage IV lung carcinoma. Postoperatively, hospital pneumonia developed and after its treatment, the patient was disc-

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harged on the 20th day. During follow-up, the pa-
tient died in the 10th week postoperatively at ho-
me with tumor progression.

In a report of 54 patients with small bowel tumors,
42 had malignant lesions and 6/42 (14%) were me-
tastases (1). Small bowel hematogenous meta-
stases are a rare clinical occurrence and originate
typically from breast cancer, lung cancer and ma-
lignant melanoma (1, 2). Small bowel metastases
may occur in every cell type of primary lung can-
cer. Our patient was not known as primary lung
carcinoma, and he was admitted with the sign of
intestinal obstruction.

In most of the cases, clinical findings of small bowel
metastases consist of acute symptomatology such
as perforation and peritonitis, small bowel obstruc-
tion or hemorrhage. Moreover, other symptoms,
such as asthenia, anemia following occult intestinal
chronic bleeding, abdominal pain and weight loss,
and nausea and vomiting are generic and specific
(4, 6). Symptomatic small bowel metastases may
require a surgical approach. The procedure of choi-
ce is theoretically resection of the involved small in-
testine with primary enterointerostomy (7). Ne-
evertheless, the prognosis is considered to be very
poor. Optimal management of treatment remains
controversial, with no operative policy or aggressi-
ve surgery. Aggressive abdominal surgery, despite
its poor prognosis, provides good palliation and re-
asonable survival in a select group of patients (8).

If a patient has acute intestinal obstruction and
suspicious tumoral lesion on chest X-ray or on tho-
rax CT, the possibility of small bowel metastasis
from primary lung carcinoma should be kept in
the mind despite the rarity of its occurrence.

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Figure 1. Preoperative chest X-ray showed irregular increased
density in the left lung hilus.