

BRONCHOGENIC CARCINOMA “CHALLENGES IN EVALUATION”

GRAND ROUND – WARD 7C

DATE: 25TH MARCH 2015

PRESENTER: DR E. SAYO

FACILITATOR: DR J MECHA

DEMOGRAPHIC DATA

- **NAME : CM**
- **AGE: 69 YEARS**
- **ADDRESS : KIAMBU**
- **OCCUPATION: SECURITY GUARD**
- **MARITAL STATUS : MARRIED**

PRESENTING COMPLAINTS

- **COUGH**
 - **Rt. CHEST PAIN**
- 
- 1 year**
- **DIFFICULTY IN BREATHING – 2/12**

HPI

- Pt was last well in December 2013 (15 months ago)
- A chronic smoker (20 pack yrs) with cough productive of whitish sputum. Cough occurs throughout the day and sputum is not foul smelling nor blood stained.
- Increase in the severity of cough affecting both day time activity and sleep noted over the past year.
- Rt. side chest pain, worse when coughing with no known relieving factors. Pain is dull in character, severe and but non radiating.

HPI.....cont.

- Progressive dyspnea with limitation of physical activity noted over the past 2/12. No report of dyspnea at rest.
- Other symptoms: weight loss, loss of appetite, hoarseness of the voice, fever and generalized body malaise.
- No known TB contact
- Pt was seen at a district hospital and started on anti TB medications in Jan 2014 (based on CXR). Symptoms persisted even on completion of his 6 m course.

HPI.....cont.

- Review of systems : non-contributory

No - Blurred vision, seizures , limb weakness, Bone pains, Polyuria, Facial swelling, Arm swelling, difficulty in swallowing, Abdominal pain, lower limb swelling, joint pains /swellings.

- Re-evaluated for the cause of the persistent symptoms in Nov 2014 (5 months after completing anti TB medication).

- **Past medical History**

None significant

- **Family/ Social History**

No known FamilyHx of chronic illness

Parents died of unknown causes

3 Siblings, only one with HTN

SMOKING 20 PACK YRS (stopped 10 yrs ago).

Stopped alcohol 15 yrs ago.

No history of illicit drug use

- **Drug History**

No known drug allergies

- **Occupational History**

No known exposure to asbestos or industrial hazards.

EXAMINATION

- **GENERAL:**

Sick looking, wasted

No – dehydration, pallor, peripheral LN, cyanosis, jaundice, or fever.

- **HANDS:**

No Finger clubbing

No nicotine stains

- **FACE:**

No ptosis or miosis.

- **NECK:**

No- distended veins, enlarged thyroid, SVC obstruction.

RESPIRATORY SYSTEM

- RR -18 bpm, symmetrical

No - resp. distress, abnormal breathing pattern, chest wall deformity.

- Trachea central, normal chest expansion, tactile vocal fremitus equal both sides.

Percussion notes normal on both sides

Breath sounds vesicular with no rhonchi or crepitations

Normal vocal resonance and whispering

pectoriloquy .

OTHER SYSTEMS

- **CNS** : Normal higher functions
no peripheral weakness
no nerve palsies
- **CVS** : BP- 118/70mmHg, PR- 95bpm.
Normal volume, regular rhythm.
JVP not raised
S1, S2 normal
No pericardial rub
No murmurs

OTHER SYSTEMS cont..

- **ABD:** Not distended, no tenderness,
Liver span 12cm
Spleen, kidneys - not palpable
bowel sounds normal
- **M/S:** No joint swellings or deformity
Normal joint movements.
- **PERFORMANCE STATUS: PS 1**
(East Coast Oncology Group)

SUMMARY

- A 69 yr old chronic smoker (20 pk yrs.), who presented with productive cough, chest pain for 1 year.
- Progressive dyspnea for 2/12.
- Completed course of anti TB meds with no clinical improvement.
- Severe wasting
- Respiratory examination - unremarkable
- No other significant systemic findings.

LABORATORY REPORT (26/02/15)

WBC	HB	PLT	ESR	UREA	CREAT	K	Na	Ca	INR
4.96	17.7	325	-----	7.8	96	4.2	134.9	-----	1.12
ALT	AST	ALB	TP	ALP	GGT	TBIL	DBIL	LDH	RBS
35	43	37	73	106	43	19	4.2	-----	5.5

- ESR
 - LDH
 - Ca
 - PO4
- NOT DONE

OTHER LABORATORY RESULTS

SEROLOGY

- HIV- negative
- HBsAg – negative
- Hep C Ab – negative

SPUTUM ANALYSIS

- Sputum for AAFB- negative
- Gene xpert (sputum) – negative
- Sputum cytology – not done



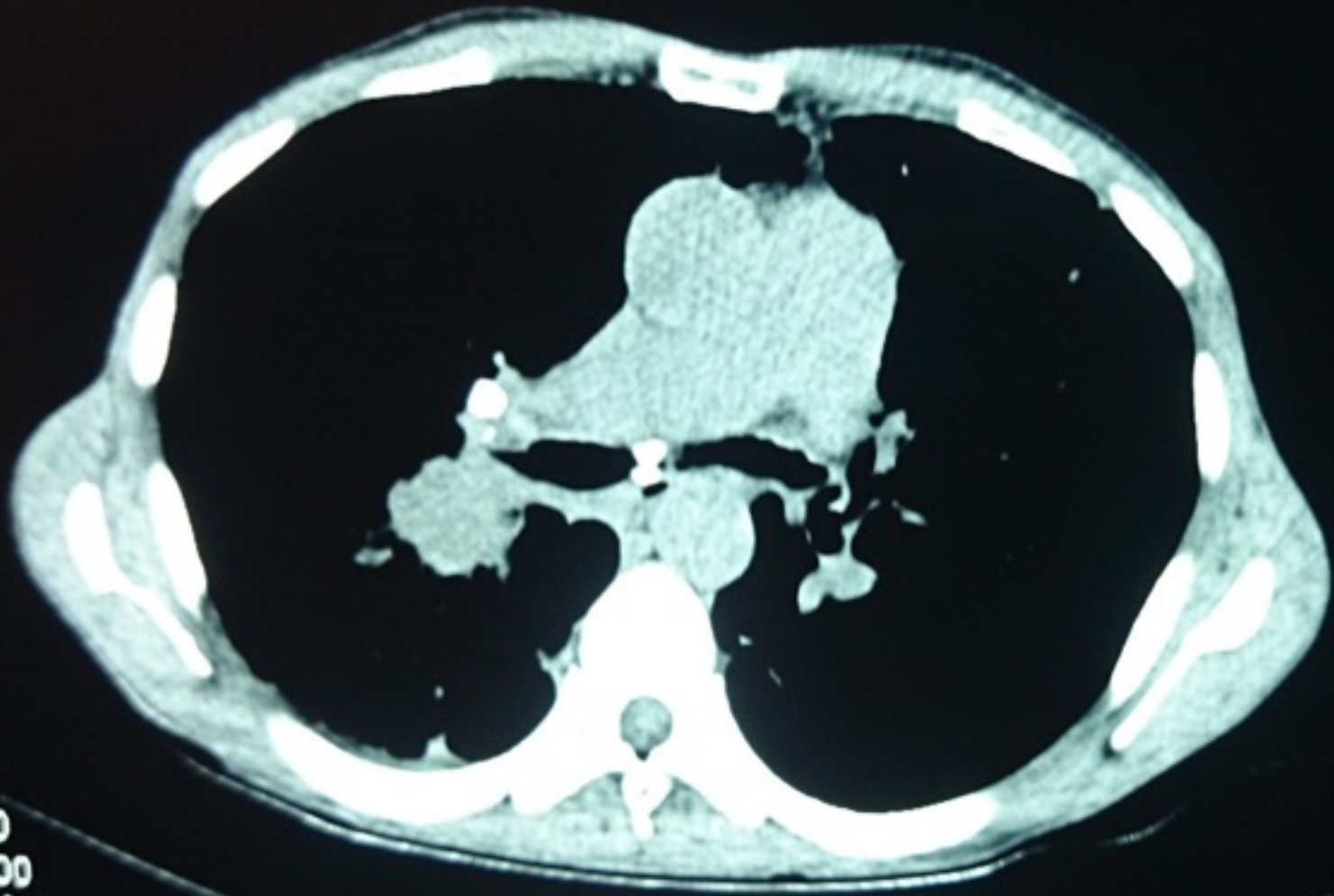
, MUREITHI

A

Kenyatta National Hospital
SOMATOM Definition AS+
CT 2012B
H-SP-CR

46, M, 69Y

5
9



10cm

50
200

kV 1
eff.n
ref.n

CHEST CT SCAN RESULT

26 JAN 2015

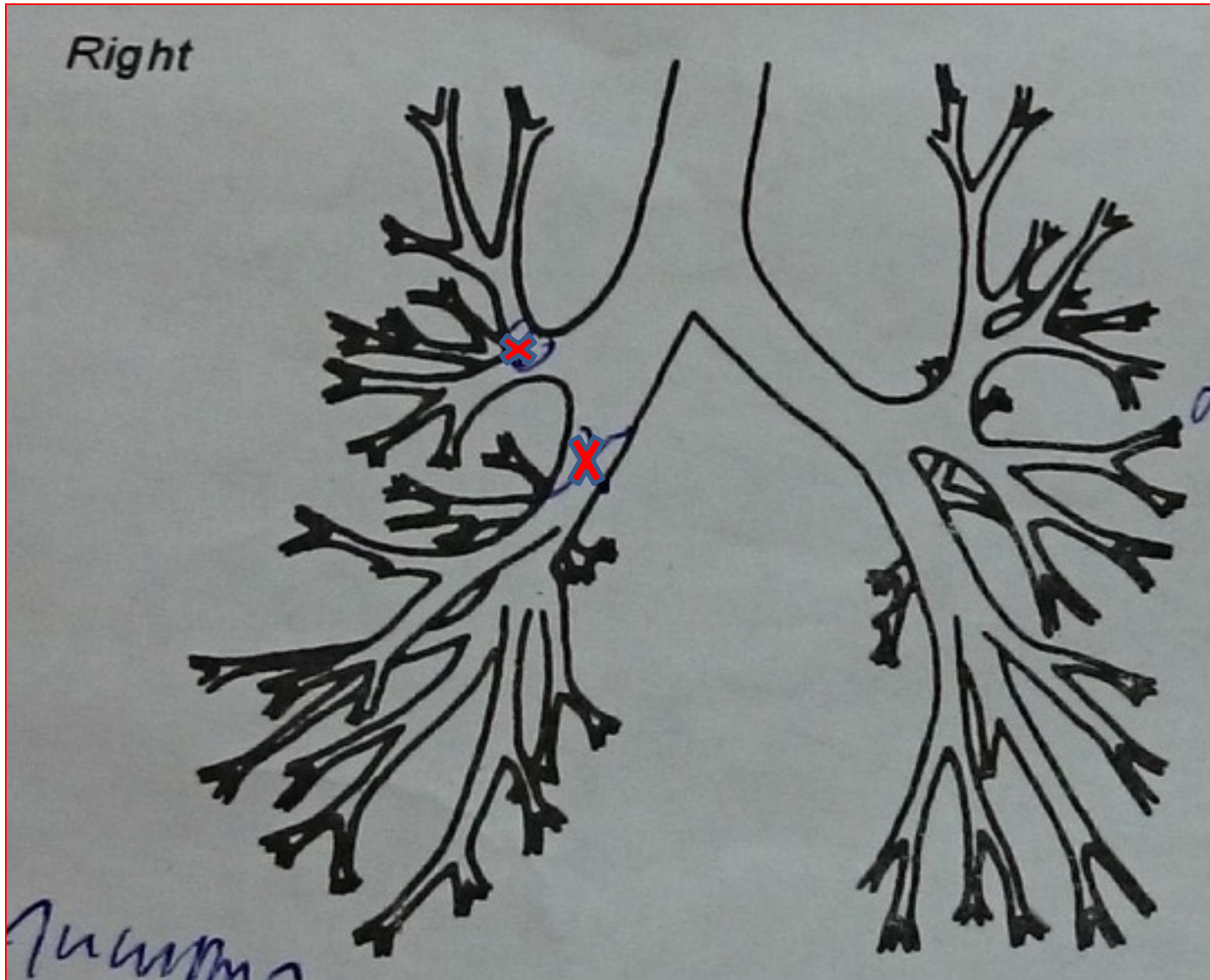
- There is a 4.9cm X 5.8cm mass on the right middle lobe with an irregular outline.
- There is obstruction of the right lower lobe with bronchiectatic changes.
- Enlarged lymph nodes at the right mediastinal and subcarinal regions.
- Liver, Spleen, pancreas, adrenals and bones are normal

CONCLUSION:

Features are highly suggestive of bronchogenic carcinoma with obstruction of the right lower lobe.

NB- Biopsy and histology recommended

BRONCHOSCOPY DONE – 6/03/15



BRONCHIO-ALVEOLAR LAVAGE

13 /03/15

- Hemorrhagic fluid with scattered mononuclear inflammatory cells.
- ZN stains for acid fast bacilli are negative.
- Malignant cells are not represented in this fluid.

TISSUE BIOPSY

13/03/15

- Morphological features are in keeping with a moderately differentiated squamous cell carcinoma.
- STAGE : T2b, N2, MX
Non- bulky stage III A

CURRENT STATUS

- Cardio thoracic review
- Haemato-oncology review.

PATIENT CHALLENGES

- First noted to be unwell 15 months ago.
- Commenced anti TB meds January 2014.
- Completed course in June 2014.
- 5 months elapsed before referral to KNH (Nov 2014)
- KNH initial evaluation Nov 2014 to final Diagnosis march 2015.

WHATS NEXT ?

THANK YOU