

A Colonic Polyp: Unexpected First Symptom of Lung Cancer

Liang Y^{1*}, Zhang W^{1#}, and Yin W²

¹Department of Gastroenterology, The People Hospital of Guangxi Zhuang, Autonomous Region 530000, China

²Department of Pathology, The People Hospital of Guangxi Zhuang, Autonomous Region 530000, China

*Corresponding author:

Yunxiao Liang,
Department of Gastroenterology, People's
Hospital of Guangxi Zhuang Autonomous
Region, No. 6, Taoyuan Road, Qingxiu
District, Nanning City, China, 530000,
Tel: +8618176264668,
E-mail: doctor_liang1977@sina.com

Received: 26 July 2021

Accepted: 09 Aug 2021

Published: 14 Aug 2021

Copyright:

©2021 Liang Y et al., This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and build upon your work non-commercially.

#Author Contributions:

Wenhua Zhang, these authors have contributed equally to this work

Citation:

Liang Y et.al. A Colonic Polyp: Unexpected First Symptom of Lung Cancer. J Clin Med Img. 2021; V5(15): 1-2

Clinical Image:

A 53-years-old men underwent colon endoscopy examination to regular follow up after polyp removal 5 years ago, during the examination we detected a polyp in the hepatic flexure of colon, about 6mm, IIa+depression, reddish (Figure A), the BLI(Blue Light Imaging) showed regular microstructure and microvessels, JENT classification was 2A (Figure B) and the biopsy pathology was moderate to severe dysplasia. So we underwent EMR to remove the poly, but the lift-sign was negative, we just did mass biopsy at last. Meanwhile the patient chest CT referred to peripheral carcinoma in the left lung and lymph node metastasis. The final pathological results of the biopsy showed that the mucosal propria was invaded by poorly differentiated adenocarcinoma (Figure C), and invaded blood vessel. Immunohistochemical (IHC) stains CK+, CK20-, Hepatocyte-, PSA-, CK7+, TIF-1+, CDX- 2-, CEA focal cells were positive, EMA individual cells are positive, the final conclusion colonic metastasis of lung carcinoma. The patient had just lived 8 months after received the chemotherapy.

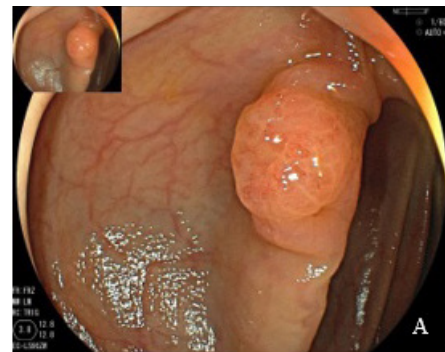


Figure A: a polyp in the hepatic flexure of colon,6mm, IIa+depression,reddish.



Figure B: JENT classification was 2A

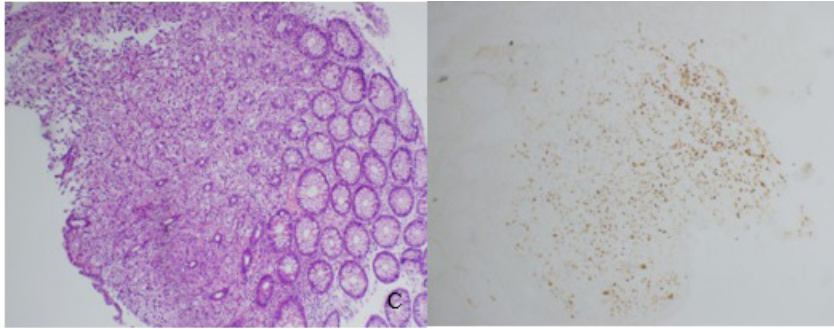


Figure C: pathological refer to the mucosal propria was invaded by poorly differentiated adenocarcinoma.D.Immunohistochemical show TTF-1 is positive.

Colonic metastasis of lung carcinoma is rare; the incidence is only 0.1% [1]. Most present symptom as blood stool, bowel obstruction, abdominal pain, incidental polyp discovery or symptom [2, 3]. But colon poly as the first symptom of lung carcinoma is never reported before. The lung cancer patient maybe should perform endoscopy examination to exclude colonic metastasis to improve survival, at same time when we detect one poly which refer to carcinoma, we should consider some special condition.

Reference

1. Tamura T, Kurishima K, Nakazawa K, Kagohashi K, Ishikawa H, Satoh H. Specific organ metastases and survival in metastatic non-small-cell lung cancer. *Mol Clin Oncol*. 2015; 3: 217-21.
2. Parker NA, McBride C, Forge J, Lalich D. Bowel obstruction caused by colonic metastasis of lung adenocarcinoma: a case report and literature review. *World J Surg Oncol*. 2019; 17: 63.
3. Hu Y, Feit N, Huang Y, Xu W, Zheng S and Li X: Gastrointestinal metastasis of primary lung cancer: An analysis of 366 cases. *Oncol Lett*. 2018; 15: 9766-76.