

## Letters to the Editor

### Colonic metastases from non-small cell lung cancer

*Key words: Colon. Lung cancer. Metastases*

Dear Editor,

Metastatic colon disease from lung cancer is considered quite rare (1,2). We report a case of colonic metastatic disease from non-small cell lung cancer, presenting with unusual clinical aspects.

#### Case report

A 68-year-old man, heavy smoker, was admitted due a four month history of low back pain, weight loss, fatigue, and worsening constipation. Physical examination was unremarkable. Laboratory studies showed mild anemia and a standard chest X-ray was normal. A spine NMR demonstrated several lytic lesions suggesting metastatic disease. Upper panendoscopy was normal; colonoscopy revealed multiple ulcerate polyps throughout the colon (Fig. 1A). Histology showed poorly differentiated cancer (Fig. 1B); immunohistochemical assessment was positive for cytokeratin 7 and TTF1 (Fig. 1 C and D), suggesting metastatic disease from non-small cell lung cancer (3). Chest and abdomen CT scan revealed a 18 mm diameter nodule in the right lower lobe. A FDG-PET/CT scan confirmed increased activity at the target lesion. A brain CT scan showed diffuse brain metastasis, and radiotherapy was started. The patient died after 5 weeks due to tumour progression.

Old autopsy series report an incidence of gastrointestinal metastases from lung cancer between 11 and 14% (4-6) but intra-abdominal metastases rarely display clinical manifestations (7,8). Large bowel involvement represents rarer subgroup, with symptoms being more frequent compared to patients with small intestine metastases.

#### Discussion

Metastatic bowel cancer may be difficult to distinguish from lung cancer, but positivity for cytokeratin 7 with negative cytokeratin 20 (as in our patient) favours lung cancer, whereas the reverse pattern is more consistent with colon cancer (9,10).

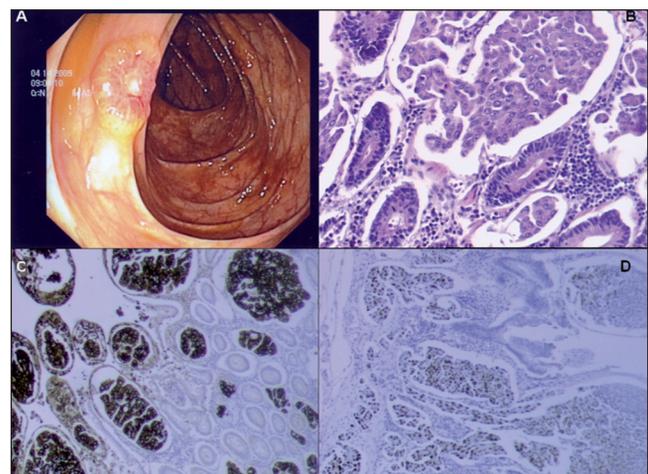


Fig. 1. A. Endoscopic image of a metastatic ulcerate lesion in the transverse colon. B. Conventional histologic image showing poorly differentiated neoplastic cells diffusely infiltrating colonic mucosa. H&E, original magnification x10. C. Immunohistochemical assessment showing cytokeratin-7 positivity. Original magnification x4. D. Immunohistochemical assessment showing TTF1 positivity. Original magnification x4.

Symptoms of intestinal metastases depend mainly on the site: usually, pain is the most common symptom when the distal gastro-intestinal system is involved, but clinical manifestations are usually not specific and may simulate a primary gastrointestinal tumour. Thus, when multiple neoplastic localization is found in the gastrointestinal tract, it is probably always wise to look for other sites, not forgetting the unusual ones. This could (hopefully) lead to a better therapeutic approach and, possibly, effective or palliative treatment.

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