

Letters to the Editor

Single intestinal metastasis of non-small cell lung carcinoma

Key words: Non-small cell lung cancer. Jejunal metastasis.

Dear Editor,

The non-small cell lung carcinoma can metastasize via the lymphatic or hematogenous. These metastases are generally found in liver, kidney, adrenal gland, brain and bone, being other localizations more rare or exceptional. We report the case of a patient with a single jejunal metastasis of primary lung cancer that was presented as a microcytic anemia secondary to gastrointestinal bleeding.

Case report

A 60-year-old man with a history of hypertension and hypercholesterolemia, former smoker, gastric ulcer 5 years earlier, non-small cell lung cancer (T1N0M0) diagnosed and treated surgically (lobectomy without adjuvant therapy) 15 months before, was admitted with symptoms of dizziness, hypotension, melena and epigastric pain. A blood test performed at admission showed anemia (7.3 g/dL hemoglobin), low mean corpuscular volume (76 fL), slight thrombocytosis and normal leukocyte count; renal function, electrolytes and transaminases were normal. The patient improved clinically after transfusing three units of packed red cell and then, an upper endoscopy was performed without appreciating lesions in the esophagus, stomach and duodenum. Because of the persistence of anemia in subsequent analytical tests, scheduled colonoscopy was performed

that showed no injury to the hepatic flexure. Selective arteriography (Fig. 1) was performed, which showed a bleeding lesion in the small intestine (jejunum) that was surgically resected few days later. The histopathological study of the specimen

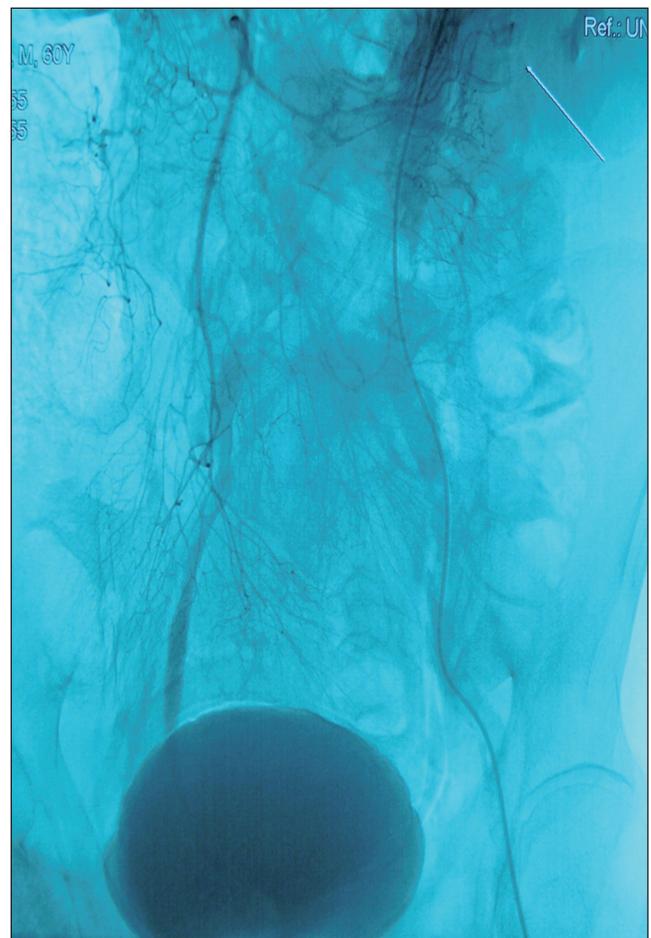


Fig. 1. Selective arteriography showing arterio-venous shunt in jejunum.

was consistent with metastatic non-small cell lung carcinoma. Subsequently, a PET-CT scan ruled out metastatic disease in other locations.

Discussion

Primary malignant neoplasms of the small intestine are rare (1-6% of all intestinal neoplasms) as well as secondary metastases in small intestine (1,2). The most common gastrointestinal involvement of lung cancer is esophagus because of contiguity. Metastatic involvement of the small intestine is an exceptional manifestation from the clinical point of view, but not from the histopathological point of view. Post-mortem series have reported small bowel metastasis in 1-4% of cases, being the most common cause malignant melanoma followed by lung and colon cancer (3). In a cohort of 1,544 patients with lung cancer followed for 12 years, only six cases with clinical symptoms secondary to small bowel metastases were reported (4). The most common site of intestinal metastases from lung cancer is jejunum according to published data (4,5). As main clinical manifestations have been described (6) intestinal obstruction (the most common), perforation or anemia secondary to gastrointestinal bleeding. In case of anemia or gastrointestinal bleeding in a patient with a history of lung cancer, we should consider metastatic intestinal disease as a cause, proceeding to diagnostic tests that may improve the outcome by enabling the complete resection of the lesion and avoiding further complications (7-9). Surgical resection is usually the most appropriate technique in the absence of other metastatic lesions (6).

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