

Existing Doubts about Lung Cancer Treatment with One Case Experience

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Some progress has been obtained in lung cancer treatment by chemotherapy including resistant cases (1-3). It was generally used prior to radical surgery. Here a patient with different lung cancers in each side of lung thorax presented because he refused chemotherapy prior to surgery. Good prognosis was obtained with surgical exision and some radiotherapy.

CASE REPORT

A 75-year-old male patient without a history of cough, weight loss, decrease of appetite was seen in our clinic with pain in his right scapular area. He was a former smoker. Thorax CT on Jan 26, 2011, showed a malign mass with a diameter of 40x25 mm in the apical segment of the upper lobe of the right lung. It was a pleural-based mass with a lobulated margin. Positron emission tomography–computed tomography showed a mass on the right upper lung, which also involved the posteromedial of the upper lobe of posterior segment in the right lung. It also involved the posterolateral of the right third rib. It had hypermetabolic in the center and margins by contrast material (SUV max: 6.i).

Tru-cut biopsy was performed under the guidance of computed tomography on Jan 27, 2011. The result was reported as a non-small cell carcinoma.

Consultations with other sections and other universities were carried out by doctors, and as a result, chemotherapy was advocated before the operation. But the patient did not accept chemotherapy. After speaking with the patient's family, operation decision was taken as a first choice.

On Feb 7, 2011, right-lung upper lobectomy was done with the excision of three ribs with intercostal muscles. The lymph nodes in peribronchial region and paranchima were also removed.

The pathological examination of the material was reported as intermediate differential squamous cell carcinoma. There was no angiolymphatic invasion. The mass invaded the visceral and perietal pleura and also the ribs. There was no border invasion in the extracted material.

One month after the operation, the patient was given 35 sessions of radiotherapy. Chemotherapy was not again accepted by the family.

Two-and-a-half years after the first lung operation, he developed an adenocarcinoma of the left lung base, which was also treated by partial lobectomy without chemotherapy, as the patient and his family rejected it. This patient is alive and looks healthy half year after the first operation.

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COMMENTS

In the literature, the common approach to this kind of patient is to give chemotherapy to minimize the mass before the operation is recommended. This is not always a good choice, as some patients can die because of the side effects of chemotherapy. As it is seen in our case, favorable results can be achieved by operating patients without prior chemotherapy.

After 4.5 years of operation, our patient is very healthy.

Although recent studies are encouraging, more work is required to improve the outcome of the patients with lung cancers. Non-small cell lung cancers seem to be sensitive to approved Epidermal Growth Factor Receptor (EGFR) inhibitors; however, resistance develops in most cases (4). Despite recent advances (5) in the treatment of patients with lung cancer, the near future does not seem to be very bright without surgery.

REFERENCES

1. Janne PA et al. AZD 9291 in EGFR inhibitor resistant non-small cell lung cancer. *N Engl J Med* 2015;372:1689-1699.
2. Sequist LV et al. Raciletinib in EGRF mutated non small-cell lung cancer. *N Engl J Med* 2015;372:1700-1709.
3. Govinden R. Overcoming resistance to targeted therapy for lung cancer. *N Engl J Med* 2015;372:1760-1761.
4. Silvestri GA, Vachardi Whitneg D et al. A bronchial genomic classifier for evaluation of lung cancer. *N Engl J Med* 2015; DOI: 10.1056/NEJMoa1504601.
5. Garon EB, Rizvi NA, Hull R, Leigh N et al. Pembrolizumab for the treatment of Non-small cell lung cancer. *N Engl J Med* 2015; 372:2018-2028.