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Case Report

Non-Small Cell Lung Cancer Revealed by Hemoptysis: Case Report about a Squamous Cell Lung Carcinoma

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Abstract

Non-small cell lung cancer is the most common type of lung cancer while its incidence to be increasing in men, it is steadily increasing in women [1,2].

The N-SCL cancer is highly favored by tobacco consumption. It is a malignant tumor, more progressive and lethal (85 to 90% of all lung cancers) [3]. It is a cancer with a poor prognosis, with 5-yearsurvival rate of less than 20%, across all stages [3,4].

We present the case of a 68-year- old men referred to us for hemoptysis. A computed tomography and chest ultrasound than a nodule lung biopsy have confirmed the diagnosis of a non-small lung cancer (Squamous cell lung carcinoma) [1].

Treatment of N-SCL cancer: Chemotherapy, radiotherapy, surgery, immunotherapy [2,3].

Keywords: *Non-Small Cell Lung Cancer; Hemoptysis; Squamous Cell Lung Carcinoma*

Introduction

Lung cancer is the leading cause of cancer death and the second most common cancer non-small cell lung cancer is most common type, with adenocarcinoma and squamous lung cell carcinoma (30%) representing the most prevalent subtypes [3].

Case Report

A 67-year-old male smoker with a persistent cough and shortness of breath, chest pain and hemoptysis [1].

Physical exam showed diminished left breath sounds. Pulmonary function test showed an FEV1 of 54%. DLCO was not obtained [1].

Imaging exam

Chest X-ray (CXR) showing the left upper lobe lung mass, tomography CT demonstrated a 47 mm x 52 mm [1].

49 mm mass of the left upper lobe of the lung heterogeneously enhancing; prominent mediastina lymph nodes were also identified [1] (Figure 1-3).

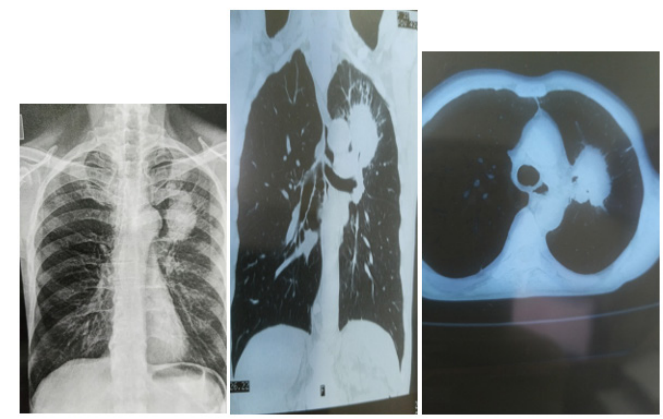

Figure 1-3

Chest and abdominal ultrasound reveled an alveolar- interstitial consolidation area 1 left with shred syndrome [1] (Figure 4).

Figure 4

Bronchoscopy was not contributive [1] (Figure 5). CT-guided Percutaneous lung biopsy, histopathology exam was consistent a squamous cell carcinoma type of non-small cell lung cancer (Invasive malignancy of keratocytes characterized by atypical cells with eosinophilic cytoplasm, intercellular bridges (desmosomes), marked nuclear atypia, key immuno-histochemical markers P40 positive++, P63 positive, CK5/6 positive, TTF1 negative --) [1] (Figure 6).

Figure 5

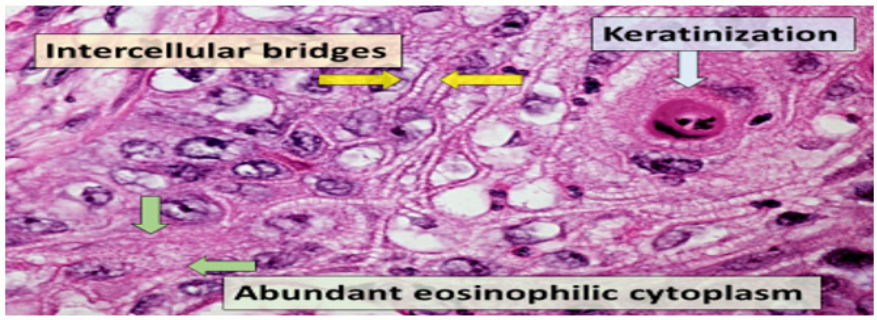

Figure 6

Bone scintigraphy demonstrated a right bone hyper signal (5th right costo-chondral junction) [1] (Figure 7).

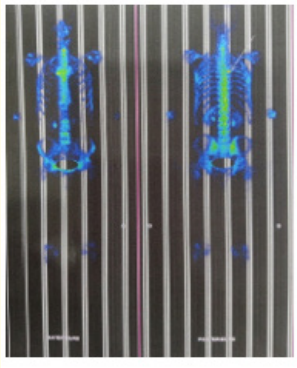

Figure 7

Brain computed tomography was without abnormalities [1] (Figure 8).

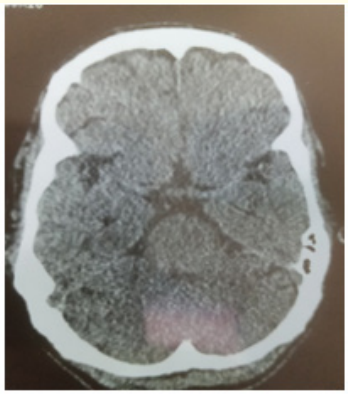

Figure 8

Staging of the tumor: T3N2M1.

Laboratory exam: CRP: 85 mg/l. NFS normal. 3 sputum samples for BK/TB and Tuberculin Skin Test (TST) were negative. Hydatid serology was negative. Hemostasis exam normal [1].

Discussion

In front of these arguments: epidemiologic (risk factors 67-year-old male smoker), clinical symptoms (hemoptysis, persistent cough and chest pain and weight loss, fatigue), imagery and histopathology of the pulmonary nodule biopsy [1,3], the diagnosis of a non-small cell lung cancer was confirmed with certitude [2,3].

The tuberculosis infection, pneumonia and hydatid cyst were eliminated (Old man, Bk negative, TST negative, NFS normal, hydatid serology negative, the contact with animals was not identified he is a builder chemical pollution exposure, asbestos: dust of cement) [1,2].

Differential diagnosis with the others types of non-small cell lung cancer: Adenocarcinoma; large cell carcinoma, and the small cell lung cancers [2,3].

Immuno-histochemical phenotype identified [1].

Mucin negative, IHC antiTTF1 negative, P40 proteins positive (squamous cell lung carcinoma was confirmed exactly) [1,3].

Staging: T3N2M3 stage 4 with a metastatic localization (right bone) (Classification 2025) [2,3].

Management/treatment

The treatment varies with the stage of cancer; stage 4: systemic treatment with palliative radiation is used chemotherapy and immunotherapy, targeted therapy (Atezolizumab) [3].

Prognosis

The non-small cell lung cancer can spread to multiples sites, including the brain, spine, bones and liver [2,3].

The prognosis is poor [2,4], with 5-year survival rate of less 20%, across all stages.

Complications

Airways obstruction and pleural effusion, bleeding in the airway resulting in hemoptysis, metastatic localizations (pain chest and neurologic symptoms) [2,3].

Conclusion

The squamous cell carcinoma is a subtype of non-small cell lung cancer (30%) [4], it is a malignant and a lethal tumor with a bed prognosis when it is not detected early, it is caused by tobacco consumption. The CT-guided percutaneous needle biopsy of the chest and immuno-histo-chemical exam confirms the diagnosis [2,3].

The management of this variety on cancer needed multi-collaboration between: pulmonologist; medical oncology, thoracic surgery, palliatives treatment unities, psychology, cardiology, histopathology, and imagery [2,3].

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