Management of care for patients diagnosed with poorly differentiated carcinoma of the lung

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LEARNING GOALS

Goal 1: Appropriate initial evaluation of a patient with suspicion concerning advanced lung cancer.

Goal 2: Recognizing the diagnostic dilemma of poorly differentiated carcinoma of the lung.

Goal 3: Role of expert consultation and the significance of choosing appropriate testing in diagnostic dilemmas.

BACKGROUND

P.C. is a 68-year-old male with former 60 pack-year smoking history and COPD.

He presents with progressive fatigue, shortness of breath, dry cough, and a 10 lb. weight loss in the last 2 months.

He notified his primary care physician, who recommended urgent evaluation at the local ER.

At the ER, he was noted to have hypoxia with pulse oximetry reading 82% that improved with 2L nasal cannula.

A chest X-ray reveals a large left hilar mass and mediastinal fullness. He was admitted for further work-up.
THE AMAZING CASE RACE
CASE STUDY 08

CURRENT PRESCRIPTIONS
- Albuterol 2 puffs q4h PRN for wheezing
- Amlodipine 5 mg daily
- Aspirin 81 mg daily

COMORBIDITIES/MED HX
- COPD
- Hypertension
- Coronary artery disease s/p CABG
- Peripheral vascular disease

OVERALL DIAGNOSIS
POU2F3-positive extensive-stage small cell carcinoma of the lung (Note: Final diagnosis disclosed at the end of case).

TESTING
Chest X-ray revealed a large left hilar mass, mediastinal fullness (Figure 1).
ADDITIONAL TESTING

CT-CHEST

7cm x 10 cm left hilar mass abutting the pleura with post-obstruction atelectasis, bilateral hilar lymphadenopathy, mediastinal conglomerate mass involving the contralateral lymph nodes were noted.

Want to learn more about this case?

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