Small Intestinal Metastasis From Lung Cancer: a rare case

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August 2, 2022

Abstract

we report the case of a 61-year-old male patient who was admitted with abdominal pain, vomiting and constipation. he had a past medical history of epidermoid lung cancer .computed tomography revealed distended stomach with mural bowel thickening. it was peroperatively two small-bowel metastasis from lung cancer that we resect.

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Patient's Consentment:

Written informed consent was obtained from the patient to publish this report in accordance with the journal's patient consent policy.

 $Conflict\ of\ interest$:

Authors declare no conflict of interest

Case présentation:

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61-year-old male presented to our emergency department with a complaint of a 3 days duration of lower abdominal pain, which had gradually migrated to epigastric area, vomiting and constipation. Notably, he had a past medical history of epidermoid lung cancer, diagnosed 1 year prior. He was thought to be in remission following chemotherapy. Upon hospital admission, he underwent computed tomography (CT) of the abdomen and pelvis with contrast. Images revealed distended stomach with mural bowel thickening (fig1A-1B),. Middle-incision laparotomy surgery with partial resection of the small intestine was performed The tumor had invaded 2 parts of the small intestine (fig2A/2B). Pathology confirmed the diagnosis of small bowel metastasis from primary lung epidermoid carcinoma. It is a rare metastatic localisation of lung cancer that we should think in case of bowel occlusion.

References:

CirEsp. 2018Apr;96(4):184-197.

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