

[PICTURES IN CLINICAL MEDICINE]

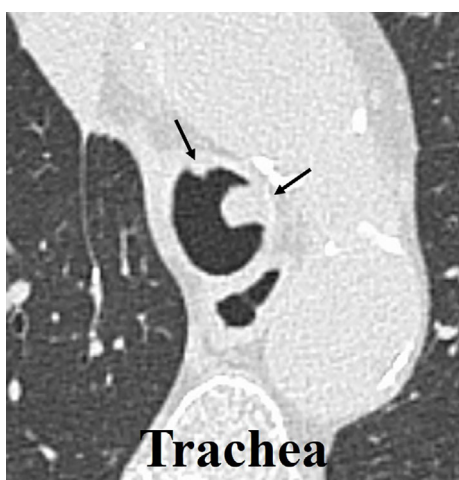
Endotracheal Metastases of Lung Cancer with Refractory Wheezing

Yosuke Chiba¹, Keigo Uchimura¹, Fumihiro Tanaka² and Kazuhiro Yatera¹

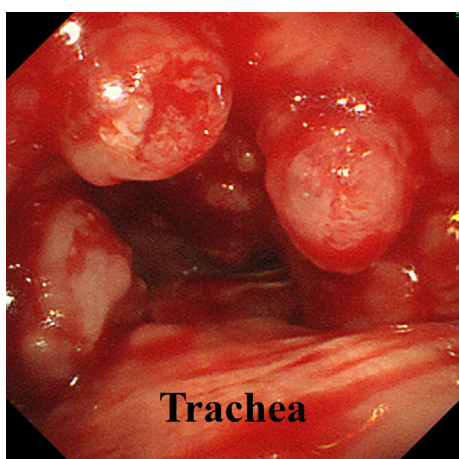
Key words: endotracheal metastasis, endobronchial metastasis, small cell lung cancer, refractory wheezing

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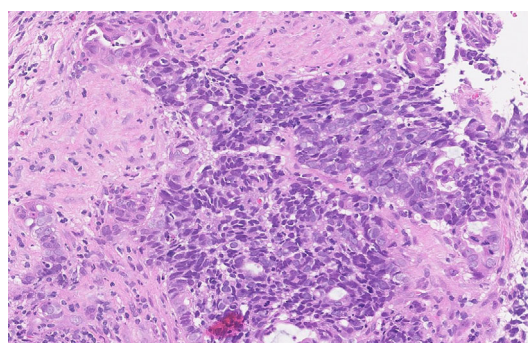
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Picture 1.



Picture 3.



Picture 4.

A 78-year-old Japanese woman showed refractory inspiratory and expiratory wheezing and persistent cough for 4 months despite taking a high-dose inhaled corticosteroid with a long-acting beta agonist. She was an ex-smoker of 58

¹Department of Respiratory Medicine, University of Occupational and Environmental Health, Japan and ²Second Department of Surgery, University of Occupational and Environmental Health, Japan

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Correspondence to Dr. Kazuhiro Yatera, yatera@med.uoeh-u.ac.jp

pack-years and had a history of bronchial asthma and right upper-middle lobectomy for small cell lung cancer (SCLC) (pT2aN0M0, Stage IB) 1 year before. On admission, multiple endotracheal and endobronchial nodules were observed on chest computed tomography (Picture 1) without central airway narrowing on chest radiography (Picture 2). A bronchoscopic examination revealed multiple polypoid nodules in the trachea and bilateral main bronchi (Picture 3). A biopsy specimen from the tracheal polypoid lesion revealed metastases from SCLC (Picture 4). She responded to thoracic chemoradiotherapy with carboplatin and etoposide, and her wheezing improved. Endotracheal/endobronchial metastases of SCLC are extremely rare (1, 2). However, clinicians should consider central respiratory tract metastasis of SCLC when examining patients with unexplained refractory wheez-

ing.

The authors state that they have no Conflict of Interest (COI).

References

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