



Image of the Month

Recurrent jejunal metastasis from occult lung cancer

Antonio Pierro^{a,*}, Savino Cilla^b, Maria De Ninno^c, Giuseppina Sallustio^a^a Radiology Department, Fondazione di Ricerca e Cura "Giovanni Paolo II", Catholic University of Sacred Heart, Campobasso, Italy^b Medical Physics Unit, Fondazione di Ricerca e Cura "Giovanni Paolo II", Catholic University of Sacred Heart, Campobasso, Italy^c Department of Human Pathology, Fondazione di Ricerca e Cura "Giovanni Paolo II", Catholic University of Sacred Heart, Campobasso, Italy

Herein is reported the case of a 65 year-old woman with acute intestinal obstruction. A computed tomography (CT) revealed a solid stenosing mass of 5 × 5 cm located at proximal jejunum (Fig. 1). At surgery, a partial resection of the small bowel was done and an entero-entero anastomosis was performed. Histological diagnosis revealed a metastasis from lung adenocarcinoma (immunohistochemistry: CDX-2, CK7, and TTF-1 positive) (Fig. 1), though chest CT and FDG-PET did not detect any macroscopic primary lung tumor. After two years, the patient developed a relapse of the disease at the same site (Fig. 2). At the time of recurrence, an accurate screening for pulmonary primary using CT, PET/CT and bronchoscopy was performed. No macroscopic lung disease was detected. We hypothesized that the recurrence in the same site was due to the existence of a well-defined pathway (hematogenous or lymphogenous paths) for the spread of the disease.

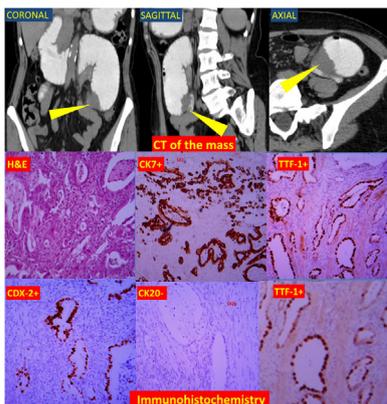


Fig. 1. Computed tomography revealed a solid stenosing mass located at proximal jejunum (yellow arrowheads). Histological diagnosis revealed a metastasis from lung adenocarcinoma (immunohistochemistry: CDX-2, CK7, and TTF-1 positive).



Fig. 2. Magnetic resonance imaging reveals a large relapse at the site of the previous jejunal anastomosis (yellow arrowheads).

The prevalence of gastrointestinal metastasis of lung cancer is low (0.33%) [1]. Small bowel is the most frequent site of metastasis localization; perforation, obstruction or bleeding are the common clinical manifestations [1]. Although small bowel metastasis from lung cancer is a rare entity [1], it should be included in the differential diagnosis of small bowel obstruction, perforation or bleeding. This case described the occurrence of a relapse at the same site of the previous small bowel metastasectomy, despite a long period of clinical quiescence and imaging stability.

Ethical approval

All procedures performed in this study involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Consent

Written informed consent was obtained from the patient for the publication of this report and any accompanying images.

Conflict of interest

None declared.

Reference

- [1] Taira N, Kawabata T, Gabe A, Furugen T, Ichi T, Kushi K, et al. Analysis of gastrointestinal metastasis of primary lung cancer: clinical characteristics and prognosis. *Oncol Lett* 2017;14(August (2)):2399–404.

* Corresponding author.

E-mail addresses: apierrojonico@libero.it (A. Pierro), savino.cilla@fgps.it (S. Cilla), maria.deninno@fgps.it (M. De Ninno), giuseppina.sallustio@unicatt.it (G. Sallustio).