Isolated Small Intestinal Metastatic Disease as a Herald of Recurrent NSCLC

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Introduction

❖ The small bowel is an unusual location for isolated metastatic disease in Non-Small Cell Lung Cancer (NSCLC).
❖ These lesions often present in an insidious manner with vague and non-specific findings that delay diagnosis until a much more advanced stage of disease

Case Presentation

❖ A 63 year old man initially diagnosed with NSCLC of his right lung after presenting with post-obstructive pneumonia.
❖ Patient is initially staged as T2N2M0 after concerning mediastinal nodes are discovered on initial imaging
❖ Patient was successfully treated with neoadjuvant chemotherapy and radiation with few side effects.
❖ Patient had extremely positive response to therapy and preparations were made for resection of tumor bed.
❖ Surveillance and pre-operative scans are obtained as outpatient.
❖ Scans show lesion in patient’s small bowel that is concerning for new primary GI tumor, lymphoma, or metastatic deposit from primary cancer.
❖ Patient is lost to clinic follow up.
❖ Two months later patient reports to ED with retrosternal chest pain and dyspnea on exertion.
❖ No evidence of infarction or pulmonary embolus on exam, no signs that the patient is again having a post-obstructive pneumonia.
❖ However patient is found to have had a large drop in his hemoglobin and hematocrit, to 6/19.9 from a baseline of 11.9/33.6 while undergoing chemotherapy.

Hospital Course

❖ Prior imaging reviewed and suspicion is patient had been having slow occult blood loss through tumor in bowel.
❖ Unsuccessful attempts to locate and biopsy the lesion endoscopically. Concern for perforation made percutaneous approach too high risk.
❖ CT Enterocolysis reveals that the lesion had grown and was at high risk for obstruction.
❖ Patient underwent resection of the mass, found to be in the very early ileum with clear margins but signs of mucosal invasion and ulceration.
❖ Histology and Immunohistochemistry matched original tumor.
❖ Patient was to undergo another round of chemotherapy buy was lost to follow up.
❖ Returned 2 months later with inability to tolerate PO and melena, found to have carcinomatosis.
❖ Patient elected hospice care.

Discussion

❖ Ileal and Jejunal metastases are rarely seen as isolated events and usual are only part of late stage carcinomatosis.
❖ Symptoms of these isolated lesions are nonspecific and often only present as perforation and obstruction very late in disease course.
❖ Associated with very poor survival rate from time of diagnosis.
❖ If caught very early, some patients treated definitively with surgery and chemotherapy.

References

Kant, KM; Hegt VN; Averts, J. “A Patient with four-year survival after NSCLC with a solitary metachronous small bowel metastasis.” Journal Of Oncology 2010, 3 pages.