

Small cell lung cancer presenting as fatal pulmonary hemorrhage

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Introduction: Small-cell lung cancer (SCLC) represents 15-20% of all lung cancer. SCLC differs from NSCLC in its rapid tumor doubling time, high growth fraction, early development of widespread metastasis, and better response to platinum doublets chemotherapy. Bone marrow involvement or paraneoplastic syndrome is common in patients with SCLC. Hematologic abnormalities such as anemia, leukopenia, and thrombocytopenia are reported to be occasionally accompanied by bone marrow metastasis or paraneoplastic phenomenon. However, complications such as fatal hemorrhage are rarely reported. The clinical presentation can make diagnosis or treatment difficult. Herein, we report an SCLC patient who presented with rapid-onset, refractory severe thrombocytopenia and development of fatal pulmonary hemorrhage.

Case report: 63-year-old man visited an outpatient clinic complaining of cough and dyspnea. He was a current smoker of 20 pack-year and denied histories of taking any medications or illness. A complete blood count revealed values within normal range, except for a lower value of platelet count, 91000/mm³. Increased haziness on the lower lobe of the right lung was noted on his chest radiography. After 10 days, he was admitted with blood-tinged sputum and aggravated dyspnea. A 1.6 cm sized mass in the lower lobe of the right lung and multiple lymphadenopathies in mediastinal and right supraclavicular areas were noted on chest CT scan (Fig. 1). Anti-platelet antibody and anti-neutrophil cytoplasmic antibody were negative. Anti-nuclear antibody was within normal range(1:20). On the fifth day after admission, cytological examination of his sputum yielded a diagnosis of SCLC. Metastatic lesion were not observed on brain MRI and bone scintigraphy. On the seventh day, massive hemoptysis (>200 ml/day) abruptly occurred and his dyspnea was rapidly aggravated to 8 of Borg scale. A chest CT scan revealed diffuse GGO and consolidation in both lung fields. Sputum gram stain and culture for bacteria, fungus, virus revealed no organism. On the tenth day, he was intubated and ventilated mechanically. He rapidly deteriorated and died of respiratory failure on the twelfth day.

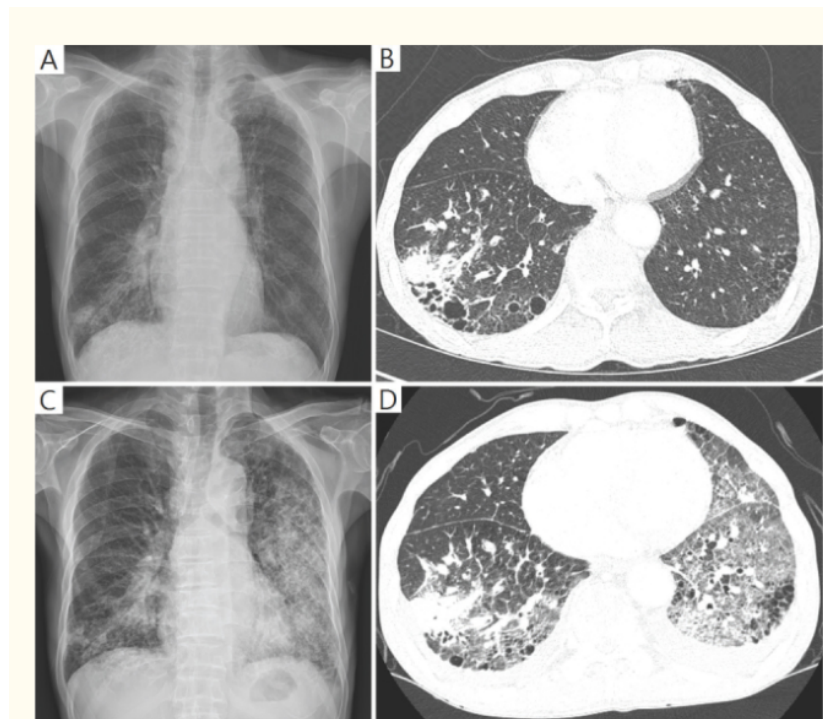


Figure 1

Newly developed diffuse ground glass opacities and consolidation in both lung fields on chest X-ray and chest CT scan at the admission (A, B) and the 7th day after (C, D).