

A Case of Lung Squamous Cell Carcinoma Expressed as Skip Metastasis Mimicking Pulmonary Tuberculosis

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Introduction: Lung carcinoma is a leading cause of death, accounting for 36.4% of cancer-related deaths in Korea in 2020. On the other hand, differential diagnosis of cavitary lung lesions are challenging due to their unusual presentations and lack of specific diagnostic tests. So patients with lung carcinoma have been misdiagnosed with tuberculosis. Here we present a case of lung squamous cell carcinoma diagnosed through bronchoscopic biopsy despite showing symptoms and imaging of pulmonary tuberculosis.

Case Report: A 63-year-old male, who had a smoking history without past medical problem, was visited to the outpatient clinic after being suspected of tuberculosis in images taken at outside hospital due to trauma. In the radiologist's interpretation, the image was more suspected of tuberculosis than lung carcinoma. We then performed bronchoscopy, it showed a mucosal change with whitish plaques at the entrance of the superior segment of the right lower lobe (RLL) (figure 2), which was not seen in the CT. Bronchial washing and biopsy were performed at this site, and the specimen confirmed lung squamous cell carcinoma with moderately differentiated. The patient underwent surgery with lobectomy of the lung, RLL and mediastinal lymph node detection, after confirming there was no metastasis to other sites. The pathologist finally reported lung cancer without metastasis to the mediastinal lymphatic pathway, so called skip metastasis.

Discussion: Skip metastasis is a frequent lymph node metastatic pattern in non-small cell lung cancer. The relationship between skip metastasis and specific clinicopathologic factors of skip metastasis are controversial. In this case, the lesion to be misdiagnosed with tuberculosis in chest CT has identified lung carcinoma through bronchoscopy, and specifically, skip metastasis was found at the entrance of the RLL separately from the primary lesion. Since there are these rare cases, bronchoscopy plays an important role in diagnosis along with CT.

