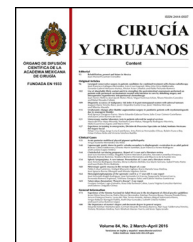




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CLINICAL CASE

Jejunal perforation secondary to pulmonary mucoepidermoid carcinoma metastasis. Case report and review[☆]



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KEYWORDS

Jejunal perforation;
Small bowel
metastasis;
Non-small-cell lung
carcinoma;
Surgical management

Abstract

Background: The first reported case of intestinal perforation secondary to metastatic lung carcinoma was reported in 1957. Intestinal metastases are present in up to 1.8% of the cases, with small bowel obstruction as the most common clinical presentation.

Clinical case: An 89 year-old male, who was diagnosed with a high-grade pulmonary mucoepidermoid tumour 2 months previously. The patient was admitted to the hospital for 3 days due to diffuse colic abdominal pain of moderate to severe intensity, accompanied by nausea and gastric vomiting, as well as 2 episodes of bloody bowel movements. On physical examination, the patient was noted to have tachycardia and tachypnoea, as well as clinical signs of acute abdomen. He had white cells of 24,900 per mm³, and 87% neutrophils. Exploratory laparotomy was performed, which showed a bowel perforation associated with a tumour mass 15 cm beyond the angle of Treitz. Bowel resection and primary anastomosis were performed. The histopathological analysis reported the diagnosis of a high-grade mucoepidermoid tumour with small bowel and mesentery with disease-free surgical margins. Unfortunately the patient had a fatal outcome secondary to hospital-acquired pneumonia.

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PALABRAS CLAVE

Perforación yeyunal;
Metástasis a intestino
delgado;
Carcinoma pulmonar
de células no
pequeñas;
Manejo quirúrgico

Conclusion: The cases of metastases to small bowel are extremely rare, and to our knowledge this is first case reported in Mexico. The patient described went to the emergency room with gastrointestinal bleed and intestinal perforation that required urgent surgical intervention with small bowel resection and primary anastomosis. Unfortunately the patient died secondary to hospital acquired pneumonia.

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Perforación yeyunal secundaria a metástasis de carcinoma mucoepidermoide pulmonar. Reporte de caso y revisión de la literatura

Resumen

Antecedentes: El primer caso de perforación intestinal por metástasis de cáncer pulmonar, fue reportado en 1957. Las metástasis intestinales se reportan hasta en el 1.8% de los casos. La presentación clínica más frecuente es la obstrucción intestinal.

Caso clínico: Paciente masculino de 89 años de edad, con antecedente de carcinoma mucoepidermoide de pulmón de alto grado, de 2 meses de diagnóstico. Acude al hospital con cuadro clínico de 3 días de evolución, con dolor abdominal de tipo cólico, difuso, de moderada a severa intensidad, acompañado de náuseas y vómito de contenido gastrobiliar y evacuaciones melénicas en 2 ocasiones. A la exploración física se encuentra: taquicárdico, taquipneico y con datos de abdomen agudo. Reporte de laboratorio: leucocitos 24,900 células por mm³, neutrófilos 87%. Se realizó laparotomía exploradora, encontrándose tumor perforado a 15 cm del ángulo de Treitz. Se realizó resección intestinal y anastomosis primaria. Reporte histopatológico de carcinoma mucoepidermoide de alto grado, intestino delgado y mesenterio con límites quirúrgicos sin neoplasia. El paciente tuvo mala evolución por desarrollar neumonía nosocomial, lo que resultó en su fallecimiento.

Conclusión: Son pocos los casos de metástasis intestinal reportados a nivel mundial; en México este es el primer caso reportado. Clínicamente se manifestó con sangrado de tubo digestivo y perforación intestinal que requirió cirugía de urgencia, en la que se realizó resección intestinal con anastomosis primaria. Finalmente, el paciente falleció por neumonía nosocomial.

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Background

Lung cancer is the main cancer diagnosed in males, comprising 17% of the total number of new cancer cases and 29% of total cancer deaths. It is the fourth cancer diagnosed in females and in second place as a cause of death. Currently 50% present with metastatic disease at time of diagnosis, leaving no possibility of curative treatment.^{1,2} The main histological types include adenocarcinoma, squamous cell, small cell and large cell. Extra-thoracic metastases can present in advanced stages of lung cancer, the most frequent sites are: liver, adrenal glands, bone and brain. Gastrointestinal metastases are rare and include: stomach, small bowel, appendix, colon and anus.^{3,4}

Bowel metastases are reported in up to 1.8% of lung cancer cases, which makes them rare. However, post mortem examinations (autopsies) on patients with lung cancer, show that they are not uncommon at a prevalence of 4.7–14%. Lung cancer metastases to the small bowel can manifest clinically as bleeding, obstruction or perforation.^{3–7} Occasionally bowel perforation can be due to the use of

chemotherapy, as a result of necrosis in the tumour, in patients receiving palliative care for lung cancer.⁵

The first case of bowel perforation secondary to lung cancer metastasis was reported in 1957 by DeCastro et al.⁸

The treatment of choice is intestinal resection with primary anastomosis. However a perioperative mortality of 60% to 100% is reported.⁵

Objective

To describe a rare case of jejunal perforation secondary to mucoepidermoid carcinoma of the lung.

Clinical case

An 89-year-old male patient with a history of tobacco use, smoking 183 packets per year, chronic obstructive pulmonary disease diagnosed 8 years previously and treated

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