brief report

Prevalence of endobronchial metastases in lung cancer in Scotland

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BACKGROUND AND OBJECTIVES: Endobronchial metastases are reported in patients suffering from lung cancer. The objective of this study was to determine the prevalence of this lesion in patients in Scotland.

DESIGN AND SETTINGS: Lung cancer patients autopsied personally at the Western Infirmary, Glasgow, Scotland, were examined regarding the primary lesion and its secondaries with special reference to the submucosa of the bronchus.

PATIENTS AND METHODS: A total of 100 patients had full records of their illness and the autopsy findings.

RESULTS: Four patients had lobectomy and were excluded from the series. Of the remaining 96 patients, 53 showed no endobronchial metastases, 26 exhibited bronchial sheathing, 10 manifested submucosal metastases, and the remaining 7 had both sheathing and submucosal metastases.

CONCLUSION: This study demonstrated that Scottish patients dying with lung cancer displayed endobronchial metastases at autopsy. This lesion and its benign counterparts are increasingly undergoing therapeutic management.

RESULTS

Four patients underwent lobectomy and were excluded from the series. The remaining 96 patients were analyzed. As many as 53 patients showed no bronchial involvement. External sheathing of tumor tissue appeared in 26 cases. Ten patients revealed submucosal outcrops of metastatic cancer. The remaining 7 patients exhibited both sheathing and submucosal metastasis.

The occasional individual case manifested an unusual component. Thus, B 2454 was described as follows: "Submucous outgrowths reaching the carina and crossing over a little into the other bronchus." Similarly, B 3597 was described as follows: "The main bronchus of the left lower lobe is ulcerated by tumor that also cuts this bronchus. Tumor tissue extends proximally, and there are submucous outcrops that have coalesced together in the main left bronchus."

DISCUSSION

Lung cancer is an intimidating disease worldwide, although it is not yet pronounced in my home country, Nigeria. During Residency Training in Glasgow, Scotland, I readily accumulated the series used in reporting the invasion of such diverse organs as the kid-
ney, brain, adrenal gland, and, recently, the thoracic duct. Of course, these were all based on fatal cases.

In contrast, ongoing work on the bronchus itself deals with the prospects of remedy. In this context, endobronchial metastases have gained keen recognition of late. Thus, from the University of California, San Diego, its workers concluded that “palliative endobronchial high-dose rate brachytherapy is a useful palliative modality in patients with recurrent endobronchial symptomatic carcinoma.” On their own part, Shure and Astarita suggested performing 3 biopsies of endobronchial mass lesions to achieve an optimal diagnostic yield with minimal risk of bleeding. From India, Gupta et al reminded that, though malignant lesions are common, benign lesions remain important causes of intrabronchial mass lesions. On the success side, Simoff concluded the following firmly: “Endobronchial interventions are important adjuncts in the multimodality management of lung cancer and should become standard considerations in the management of patients with advanced lung cancer. For patients with respiratory symptoms associated with their disease, these interventions provide symptom palliation and improved quality of life.”

There is also the angle that biopsy may well bring up surprises. In particular, tuberculosis may be unearthed and treated. Indeed, the lesion may be esoteric but treatable as in the case of zygomycosis for which amphotericin B is the answer.

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