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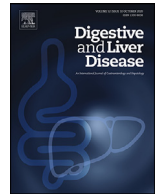
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Image of the Month

Small bowel metastasis from pulmonary pleomorphic carcinoma

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On admission to the emergency room, a 66-year-old woman presented asthenia and melena while undergoing workup for a right lower lobe lung mass and a right adrenal lesion. Bloodwork revealed a hemoglobin level of 6.6 g/dL. The patient underwent an upper gastrointestinal endoscopy which showed multiple centimetric ulcerated masses located in the second and third duodenum (Fig. 1). FDG-PET demonstrated high avidity of hypermetabolic masses throughout the small bowel and jejunum on top of the adrenal and pulmonary lesion. Histological specimens obtained from duodenal (Fig. 2) and adrenal biopsies diagnosed metastasis from pleomorphic lung carcinoma. The condition of the patient deteriorated rapidly owing to multifocal bowel obstruction and palliative care was initiated. Pleomorphic lung carcinoma is a rare cancer characterized by poor prognosis and aggressive clinical course. Symptomatic small bowel metastasis of lung carcinoma is an uncommon situation observed in all types of lung cancers with a wide prevalence rate of 0.5 % to 14 % according to studies (autopsy or clinical reports) and histological type [1]. The location can be observed throughout the entire digestive tract and is associated with aggressive behavior and poor prognosis. In a patient with a history of lung cancer and unexplained gastrointestinal symptoms, a diagnosis of small bowel metastasis should be evoked.

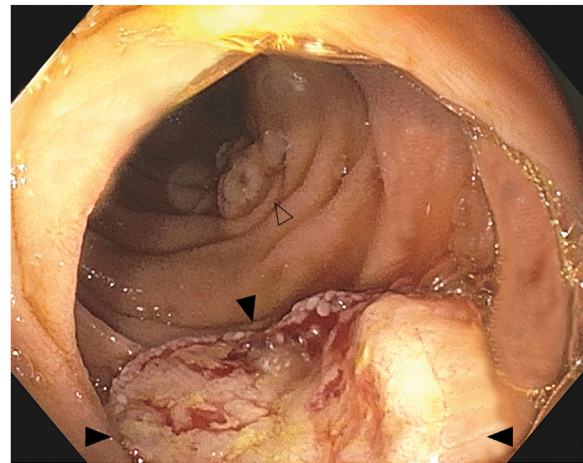


Fig. 1. Upper gastrointestinal endoscopy showing duodenal lesions (arrowheads).

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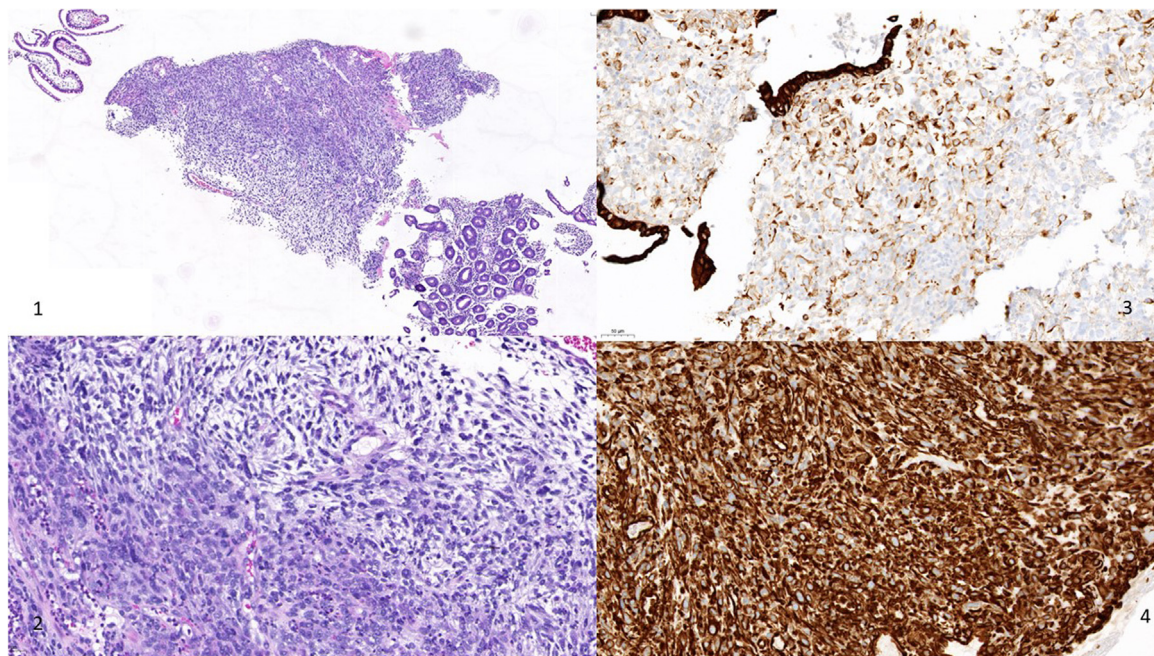


Fig. 2. Duodenal mucosa is infiltrated by sheets of tumoral cells, devoid of specific architecture (Hematoxylin-Eosin staining) - magnification x5 (1). Tumoral cells display an ovoid or fusiform shape and the nuclear pleomorphism is moderate (Hematoxylin-Eosin staining) (2). Immunostaining with CK AE1/E3 antibody (3) and vimentin antibody (4) - magnification x20.

Informed consent

Informed consent was not available at the time of redaction of this manuscript.

Conflict of interest

No financial support nor conflict of interest.

Reference

- [1] Koscuszek ND, Noel P, Takabe K, et al. Intraluminal small bowel metastasis from primary lung cancer. *World J Oncol* 2022;13:409–16.