DOI: 10.14744/etd.2022.56767.

Manuscript Type: Image

Title: Endotracheal Metastasis of Colon Cancer Presenting As Severe Dyspnea

Running Title: Tracheal metastasis of colon adenocarcinoma

Authors: Furkan Ufuk ¹, Eren Tanrıseven ², Gökhan Öztürk ³

Institutions: ¹ Department of Radiology, University of Pamukkale, Denizli, Turkey
² Department of Chest Surgery, University of Pamukkale, Denizli, Turkey

Address for Correspondence: Furkan Ufuk. Department of Radiology, University of Pamukkale, Denizli, Turkey

E-mail: furkan.ufuk@hotmail.com

Cite this article as: Ufuk F, Tanrıseven E, Öztürk G Endotracheal Metastasis of Colon Cancer Presenting As Severe Dyspnea. Erciyes Med J 2022; DOI: 10.14744/etd.2022.56767.
A 73-year-old male patient, who had a history of surgery for sigmoid adenocarcinoma five years ago, presented to the emergency department with the complaint of progressive dyspnea. The last routine oncology control of the patient was three months ago, and chest computed tomography (CT) examination showed stable parenchymal nodules. Physical examination revealed a partial oxygen pressure of 84% in room air and stridor on auscultation. Laboratory test results were within normal limits except for elevated white blood cell count (13.6 K/uL, reference range; 4-10 K/uL). The patient underwent unenhanced chest CT, and CT revealed an ill-defined solid lesion within the trachea with a 2x1.5 cm size (Figure 1). In addition, newly emerged solid nodules consistent with metastasis were observed in both lungs. 18F-fluorodeoxyglucose (FDG) Positron Emission Tomography (PET)-CT was performed for staging, and PET-CT revealed an avid FDG uptake in the tracheal lesion (Figure 1). The patient underwent bronchoscopy and biopsy, and the diagnosis of colon adenocarcinoma metastasis was confirmed. However, the patient was died due to aspiration pneumonia two days after bronchoscopy.

Metastases from extrapulmonary solid tumors to the trachea are extremely rare (1). Cases of metastases from renal cell carcinoma, melanoma, breast cancer, thyroid carcinoma, and colorectal carcinoma to the trachea have been reported in the literature (2, 3). Although current treatment options have improved survival in patients with colorectal carcinoma, late complications and delayed metastases of colorectal carcinoma can be seen, and patients should be followed closely for a long time. Early detection of subclinical tracheal metastasis is essential for survival (3). In patients with colorectal cancer, the trachea should be carefully evaluated in follow-up chest CT images, and newly emerged filling defects should be examined with the suspicion of metastasis. Computed tomography plays a guiding role in diagnosis, biopsy planning, and treatment.

Informed Consent: Written informed consent was obtained from patients who participated in this study.

Conflict of Interest: The authors have no conflict of interest to declare.
Financial Disclosure: The authors declared that this study has received no financial support.

References

Figure Legends
Figure: a) Axial chest CT image shows a nodular lesion with irregular borders in the tracheal lumen, which is narrowing in the air column (arrowhead). b) Three-dimensional volume rendering CT image with lung opacity threshold shows interruption in the tracheal air column. c) CT-generated virtual bronchoscopy image shows the ill-defined endoluminal nodular lesion, which is occluding almost the entire lumen (arrow). d) Axial PET-CT image shows avid FDG uptake in the tracheal lesion (arrow).
This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as: Ufuk F, Tanrıseven E, Öztürk G Endotracheal Metastasis of Colon Cancer Presenting As Severe Dyspnea. Erciyes Med J 2022; DOI: 10.14744/etd.2022.56767.

©Copyright 2022 by Erciyes University Faculty of Medicine - Available online at: www.erciyesmedj.com