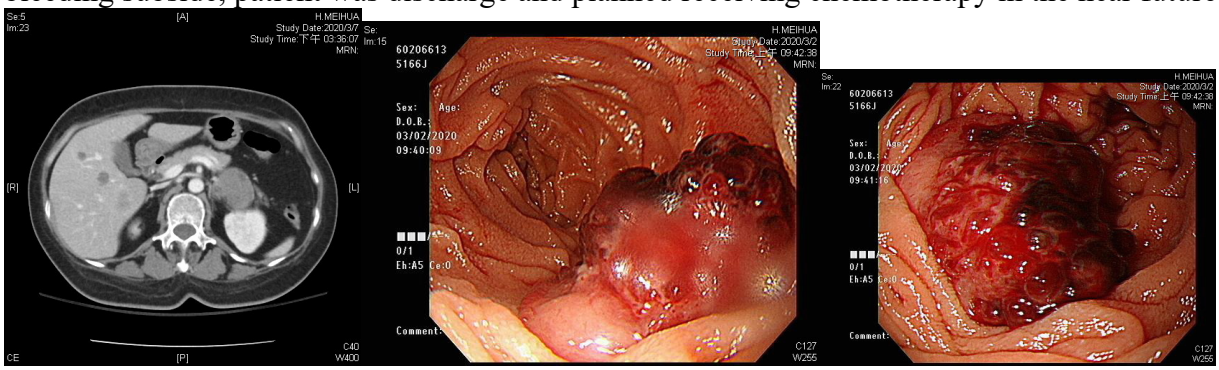
中文題目：罕見病例報告: 肺腺癌合併十二指腸轉移
英文題目：A Rare Presentation of Lung adenocarcinoma with Duodenal Metastasis
作　　者：涂聖葳[1], 陳友木[2]
服務單位：[1]高雄長庚紀念醫院內科部, [2]高雄長庚紀念醫院胸腔內科

Introduction
Lung cancer is one of th most common malignancy which usually has distant metastasis when initial diagnosed.[1] The most common metastastic sites are lung, bone, brain, liver, and adrenal glands.[2] Lung cancer rarely metastases to the gastrointestinal (GI) tract [3,4]. We present the case of a 58-year-old female with a history of adenocarcinoma, who was found to have a duodenal mass on esophagogastroduodenoscopy (EGD) diagnosed as metastatic adenocarcinoma from lung based on histological analysis.

Case report
A 58-year-old female patient had underlying disease of left upper lung adenocarcinoma, T4N2M1b stage IVA, with lung to lung and brain metastasis which diagnosed on 2019/10. PDL-1 % She started therapy with Pembrolizumab mg Q3W since 2020/01. On 03/01, she suffered from epigastric pain for 2 days, accompanied symptoms included nausea, heart-burning sensation and tarry stool passage. So she came to emergency department, where upper gastrointestinal bleeding was suspected. Lab data testing revealed hemoglobin 7.8 g/dL. On 3/2, patient received EGD which showed one ulceration mass about 2cm in size with recent bleeding over second portion of duodenum. Biospy was done from duodenal mass and pathology revealed immunohistochemistry stain of thyroid transcription factor-1 positive , suggested metastatic adenocarcinoma from lung. Abdominal computer tomography with contrast　on 03/07　showed multiple nodules in liver left adrenal gland pancreatic tail , and right retroperitoneal , suggested metastasis. After gastrointestinal bleeding subside, patient was discharge and planned receiving chemotherapy in the near future.



However, she suffered from refractory tarry stool on 03/19 with hypovolemic shock. Followed by apnea on 03/24 night. We performed intubation and cardiopulmonary cerebral resuscitation (CPCR) for her She presented with return of spontaneous circulation after CPCR for 22 minutes. However, she had dilated pupils after CPCR. We informed the poor prognosis and critical condition to patient's family, who signed do not rescure permit. The patient expired on 03/24.

Discussion
Lung cancer metastasis to the GI system is rare with a frequency of 0.2–1.7% in clinical study and 4.7–14% in autopsy report. [3-6] The most common site of GI tract metastasis from lung cancer was the jejunum, ileum; duodenum being relative uncommon. [4] The most common histology type of GI metastasize is squamous cell, large cell, followed by adenocarcinoma.[7] Early diagnosis of GI tract metastasis is difficle due to its nonspecific symptoms. [8]The most common symptoms of GI tract metastasis are abdominal pain, nausea, vomiting, weight loss, and constipateion, cramping. [9] The treatment of duodenal metastasis is challenging, depends on the site and size of the duodenal involvement, and patient performance status and expected life span. The prognosis of GI metastasis from lung cancer is very poor, ranging from 2 to 4 months in previous report.[10,11]

Conclusion

Patient presented with newly advanced lung cancer should be comfirmed the presented of distant metastasis. In this case, multiple metastasis presented so surgical intervention was not feasible. Gastrointestial bleeding can treat with local hemostasis via esophagogastroduodenoscopy or transcatheter arterial embolization. Palliative therapy is also an option if well discussion to patient and her family.

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