

CASE REPORT

ADENOSQUAMOUS LUNG CARCINOMA COMPLICATED WITH MARANTIC ENDOCARDITIS AND CHRONIC DISSEMINATED INTRAVASCULAR COAGULATION

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ABSTRACT

Background: Adenosquamous lung carcinoma is a relatively rare subtype of non-small-cell lung cancer that contains both adenocarcinoma (ADC) and squamous cell carcinoma (SCC) components. It is difficult to reach a proper diagnosis before surgery, with the histopathological examination of the resected specimen being the method of choice. A supplementary immunohistochemistry examination of the sample is needed. In order to initiate targeted treatment, molecular testing is mandatory.

Case presentation: A 47-year-old female, smoker (15 packs-year), without pathological personal history, presented for fatigue and moderate bilateral leg edema for about 3 months. The blood tests showed severe microcytic, hypochromic anemia and chronic disseminated intravascular coagulation. Computed tomography (CT) scan revealed a tumor in the right basal pleura with secondary pleural effusion, multiple lymphadenopathies, disseminated in the mediastinum, abdominal and pelvic cavity. Two other tumors were noticed, one in the right breast (7 mm) and the other in the vesicouterine pouch (7/10 mm). Prior to lung biopsy, a transthoracic and then transesophageal echocardiography were performed, highlighting the presence of a band on the aortic valve, suggesting marantic endocarditis. Tumor markers were also elevated. In evolution, the patient became bradypsychic, with head CT showing a brain metastasis in the left high-parietal region. Immunohistochemistry examination of the biopsy sample suggested a adenosquamous lung carcinoma.

Conclusion: We reported the diagnostic path of a rare subtype of lung cancer in a young female without known comorbidities, with an atypical presentation - multiple extrapulmonary non-metastatic manifestations: metabolic etiology - weight loss, fatigue; vascular and hematological etiology - marantic endocarditis (a very rare complication), severe microcytic, hypochromic anemia and chronic disseminated intravascular coagulation; neurological etiology - peripheral sensorimotor neuropathy of the right arm. A tissue biopsy was performed from the most accessible region - 1/3 inferior right thorax, posterior axillary line. The particularity of the adenosquamous lung carcinoma in this case lies in multiple metastases in less common sites (breast, vesicouterine pouch and probably kidney).

Keywords: lung carcinoma, disseminated intravascular coagulation, endocarditis.

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