

Clinical Pathology Conference

2015.09.04

General data :

年齡：60 性別：女
職業：家管
國籍：台灣
病歷號碼：201258xx

Presented by：胸腔外科 陳維勳醫師⑩⑤⑮

病理科 王志偉醫師⑬⑫

放射診斷科 吳振德醫師②⑩

核子醫學科 林潔醫師④②

Moderator：病理科 孫建峰醫師

Chief complaint:

Right upper lobe lung nodule found during regular follow up examination

Present illness:

We report a case of a 60-year old women who presented to the thoracic surgery clinic with a right upper lobe lung nodule approximating 6.6mm in size. The patient has a history of colon cancer, operated at the age of 46 years in 2001. She had had regular follow up at the colon and rectal clinic. Physical examination revealed no respiratory distress. Her vital signs were stable. Her ECOG performance status was grade 0.

2001 sigmoid cancer s/p OP pathologic report:

- INTESTINE, LARGE, COLON, SIGMOID, RESECTION
----ADENOCARCINOMA, DUKE'S B2
- LYMPH NODE, REGIONAL, LYMPHADENECTOMY
----NEGATIVE FOR MALIGNANCY (20/20)
- LYMPH NODE, IMA, LYMPHADENECTOMY
----NEGATIVE FOR MALIGNANCY (11/11)
- LYMPH NODE, PARA-AORTIC AND PRESACRAL, DISSECTION
----NEGATIVE FOR MALIGNANCY (1/1)

Follow up tumor marker: (CEA reference value <5)

- 2001 11/10 CEA 0.92 ng/mL
- 2002 03/16 CEA 1.21 ng/mL
- 2003 01/28 CEA 0.93 ng/mL
- 2004 03/16 CEA 1.15 ng/mL
- 2005 01/14 CEA 1.09 ng/mL
- 2006 07/18 CEA 1.41 ng/mL
- 2007 08/14 CEA 1.56 ng/mL
- 2010 07/13 CEA 2.2 ng/mL
- 2011 08/02 CEA 1.15 ng/mL
- 2012 09/25 CEA 0.83 ng/mL
- 2013 09/17 CEA 0.68 ng/mL
- 2014 09/16 CEA 0.77 ng/mL

Follow up colonoscopy:

- 2002 A colon polyp: polypectomy; pathology: hyperplastic polyp
- 2003 normal
- 2005 normal
- 2006 A-colon polyp, polypectomy; pathology: hyperplastic polyp
- 2007 normal
- 2010 T- and A-colon polyps, polypectomy; pathology: adenomatous polyps
- 2014 D-colon polyp, polypectomy; pathology: tubular adenoma; A-colon semi-sessile polyp with cluster polypoid polyps, EMR; pathology: tubular adenoma

Laboratory finding :

| 檢驗項目 | 單位 | 20150109 | 檢驗項目 | 單位 | 20150109 |
|------------|------------|----------|------------|-------|----------|
| WBC | 1000/uL | 7.4 | Creatinine | mg/dL | 0.54 |
| RBC | million/uL | 4.35 | BUN | mg/dL | 16.8 |
| Hemoglobin | g/dL | 12.8 | Total Bili | mg/dL | 0.3 |
| Hematocrit | % | 38.6 | ALT/GPT | U/L | 11 |
| MCV | fL | 88.7 | Albumin | g/dL | 4.70 |
| Platelets | 1000/uL | 124 | AST/GOT | U/L | 22 |
| | | | ALK-P | U/L | 86 |
| | | | Na | mEq/L | 143 |
| | | | K | mEq/L | 4.4 |
| | | | Ca | mg/dL | 9.4 |

EKG: Normal sinus rhythm**Pulmonary function test:** Within normal range**Hospital course:**

The patient underwent a thoracoscopic resection (right upper lobe wedge resection and mediastinal lymph node dissection) on January 14, 2015. The pathology report indicated a primary lung minimally invasive adenocarcinoma (pT1miN0). The postoperative course was smooth. She was discharged 5 days after the procedure. Her recovery was uneventful and is now followed up at the outpatient clinic.

Points of discussion:

1. Current guideline and management of solitary lung nodule
2. Management and prognosis of small lung cancer