



A CASE OF BRONCHOGENIC CARCINOMA MASQUERADING AS INTRACARDIAC AND VASCULAR THROMBOSIS

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KEYWORDS :

INTRODUCTION:

NSCLC accounts for 85% of Lung cancers. Smoking is the most common risk factor; incidence among non smokers is 15%.

CASE SCENARIO:

A 37 years old man smoker presented with productive cough for 2 months was associated with exertional breathlessness progressed from MMRC grade 1 to 3, Fever of 2 months, difficulty in swallowing solid food for 1 month and significant weight loss of 10 kgs in 2 months. On examination, bilateral supraclavicular lymphadenopathy, JVP raised and bilateral pitting edema. Respiratory examination showed increased VF and VR with tubular bronchial breath sounds on right infra-axillary, inter scapular and infrascapular region.

INVESTIGATIONS:

Echocardiogram: 24x 20 mm echogenic ball valve lesion noted in Right atrium attached near ATL

CECT Thorax and Abdomen: Large consolidation in right mid and lower lobe, Diffuse circumferential enhancing esophageal wall thickening from D5 to D12; Long segment thrombus in superior vena cava, right atrium and left branch of pulmonary artery

FNAC of Right and Left supra clavicular Lymph nodes showed metastatic deposits probably from Non-small cell carcinoma of Lung

RESULT:

Patient was diagnosed to have Non-small cell carcinoma of lung with metastasis to Lymph nodes, right atrium and esophagus.

CONCLUSION:

The prognosis for NSCLC with metastasis varies depending on several factors, including the extent and location of the metastasis, overall health of the patient, and the response to treatment. Metastatic NSCLC is typically considered incurable, but treatment can help manage the disease and improve quality of life.