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Asymptomatic Patient with Unilateral Triple Synchronous Primary Lung Cancer

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Introduction: Multiple primary lung cancers are divided into synchronous and metachronous tumors. If two or more tumors are diagnosed at the same time or within six months, they are called synchronous, if the second tumor is diagnosed at a different time than the first one, the tumors are called metachronous. These tumors can be in different parts of the lung, can have different histological types and ocur unilateral or bilateral. The incidence of multiple primary lung cancer is 1.6% and ranges between 0.5-3.9%. 33% of multiple lung cancers are synchronous and 67% are metachronous tumors. Herein we present a case of an asymptomatic patient with unilateral triple synchronous primary lung cancer.

Case Presentation: A 69-year-old male patient was found to have a mass on his posteroanterior chest radiograph during his routine follow-up examination and was referred to the chest surgery clinic for further examination. He was 40 pack/year smoker. Thorax computed tomography revelaed that the right upper lobe bronchus was slightly thicker than normal, in the upper lobe posterior segment, there was a nodular lesion about 1.5 cm diameter with ground glass density and in the right middle lobe there was a mass of 3x3.5 cm invading minor fissure. The PET-CT showed increased FDG uptake in the 32x29 mm mass (SUV MAX: 13.4) in the middle lobe of the right lung and FDG uptake was not observed in ground glass density nodüle which was in the right upper lobe posterior segment. CT guided transthoracic lung biopsy performed from the mass on right middle lobe and reported as non-small cell lung cancer. After bronchoscopic examination, bilobectomy superior and mediastinal lymph node dissection was performed. The histopathological examination of the specimen showed the mass in the middle lobe of the right lung was large cell neuroendocrine carcinoma, ground glass density in the upper lobe of the right lung was lepidic type dominant adenocarcinoma and the right lung upper lobe bronchial Wall was a squamous cell carcinoma. Adjuvant chemotherapy and radiotherapy were planned. At the postoperative 6th month, the patient was followed up without any signs of local recurrence and metastasis.

Conclusion: Patients with synchronous multiple primary lung cancer are expected to benefit from surgery, provided that patient selection is appropriate. Optimal surgery in synchronous tumors is anatomic resection with ipsilateral systematic lymph node dissection. If possible, pneumonectomy should be avoided. Adjuvant therapy is recommended to provide survival advantage.

Keywords: Synchronous tumor, lung cancer, thoracic surgery