Endobronchial Metastatic Tumor Occluding RMB

Muhammad Asghar Nawaz* and Michael Shackcloth

*Department of Cardiothoracic Surgery, Wythenshawe Hospital, NHS Manchester, UK
1Department of Cardiothoracic Surgery, Liverpool Heart & Chest Hospital, NHS, UK

Clinical Image

An 80 year old man referred from oncology due to endobronchial metastatic sarcoma of prostatic origin causing almost complete occlusion of the right main and intermediate bronchus (Figure A and B). He presented with significantly progressive dyspnea making him PS2 (FEV1 1.9 (62%), FVC 2.4 (60%)) over the last few months. He was known to have metastatic stromal sarcoma from the prostate that has now progressed to gluteal and bilateral pulmonary metastasis with occlusive endobronchial lesion of the right main bronchus at the main carina causing complete collapse of the right lung. Dexamethasone did not help and requested for surgical intervention for debulking. We performed rigid and fibreoptic bronchoscopy and confirmed the CT findings (Figure C). The endobronchial tumor was debulked with cryotherapy and large 11cm lesion (Figure D) was removed successfully with patent airways.

Following the procedure patient noticed dramatic improvement in his symptoms in the immediate post-op period and lung expansion (Figure E) was also noticed on his chest X-ray (Figure F).