



“Doctor, why can't I eat?”

David Yue, MD

Mr. Smith, a 58-year-old smoker, presented with a hoarse voice, which has persisted for four weeks. He was also noted to have a decreased appetite for the last month and weight loss of 60 pounds over the last 12 months. He has had a productive cough for three weeks and in the last two weeks, he started coughing up blood. He denied any history of night sweats. There has been no change of bowel habits and no black stool or rectal bleeding was noted.

He was diagnosed by another physician as having pneumonia and had finished a course of azithromycin. He was also taking iron therapy for anemia. His past medical history was significant for vitamin B₁₂ deficiency, for which he had not received any intramuscular injections for at least two years. He also had pulmonary tuberculosis, which was treated adequately according to his recollection. Family history was negative for stomach or colon cancer. See Table 1 for results of the physical exam.

He was sent for a repeat chest X-ray which showed left upper lung fibronodular changes with volume loss and mild elevation of the left hemidiaphragm (Figures 1 and 2). It was thought

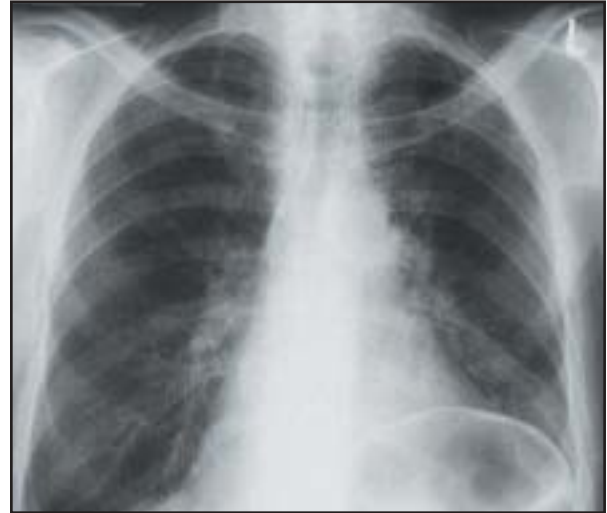


Figure 1. Chest X-ray.

to be a result of the pulmonary tuberculosis. Also, left perihilar peribronchial infiltrate and chronic inflammatory changes were noted (Table 2).

What's your diagnosis?

- a) Active tuberculosis
- b) Bronchogenic carcinoma
- c) Gastric carcinoma
- d) Hodgkin's lymphoma

Table 1

Physical exam

- Blood pressure: 110/64 mmHg
- Temperature: 36.3 C
- Pale and thin
- No acute distress
- Head and neck: Normal tympanic membrane, lymph nodes, pharynx
- Voice: Hoarse
- Cranial nerves: Normal
- Thoracic exam: Normal
- Abdomen: No organomegaly
- No jaundice

Table 2

Lab exams

- Hemoglobin: 110 g/L
- Mean corpuscular volume: 96 g/L
- White blood cells: 17.3 x 10⁹/L
- Neutrophils: 15.6 x 10⁹/L
- Peripheral smear: Normochromatic anemia with neutrophilia
- Vitamin B₁₂, folate: Normal
- Ferritin: 1,084 µg/L
- Albumin: 30 g/L
- Liver enzymes: Within normal limits

Answer:

Bronchogenic carcinoma

Mr. Smith underwent endoscopy by an ear, nose, and throat specialist, which revealed paralysis of his left vocal cord. His barium swallow was not completed due to moderately extensive aspiration into the tracheobronchial tree bilaterally during the procedure. However, there was no esophageal lesions noted. While he was waiting for urgent bronchoscopy to rule out lung carcinoma, he collapsed and died at home after coughing up blood. Autopsy revealed bronchogenic carcinoma with vascular erosions, from which he exsanguinated. **Dx**



Figure 2. Chest X-ray.

Dr. Yue is a general practitioner, Edmonton, Alberta.

Share your cases with us!

Our mailing address:

955 boul. St-Jean,
Suite 306
Pointe Claire, Quebec
H9R 5K3

Our fax number:

(514) 695-8554

Our e-mail address:

diagnosis@sta.ca



**Helping Keep
Your Patients
Covered.**

See page 3