

Introduction

- Respiratory symptoms predominate in patients with lung malignancies
- Dysphagia as a presenting symptom of pulmonary malignancies is rare, with only about 1-2% of patients presenting with dysphagia as their cardinal symptom
- We describe a rare case of a 56 year-old male presenting with only dysphagia in the setting of extrinsic esophageal compression secondary to non-small cell lung cancer.

Case Presentation

- A 56 year-old male with history of hypertension, chronic obstructive pulmonary disease, and chronic tobacco use presented to the ED with complaint of persistent emesis
- The emesis was described as occurring within minutes after eating a meal. The patient also admitted to loss of appetite, unintentional weight loss, and dysphagia to solids
- CT imaging revealed an 8.0 x 7.5 cm right mediastinal mass with obliteration of the right main pulmonary artery and right main bronchus along with multiple irregular and nodular opacities in the right lung and left lower lobe concerning for metastases
- Pulmonology was consulted and performed a bronchoscopy; The patient was diagnosed with metastatic non-small cell lung cancer.
- The hospital course was further complicated by development of intractable emesis and shock

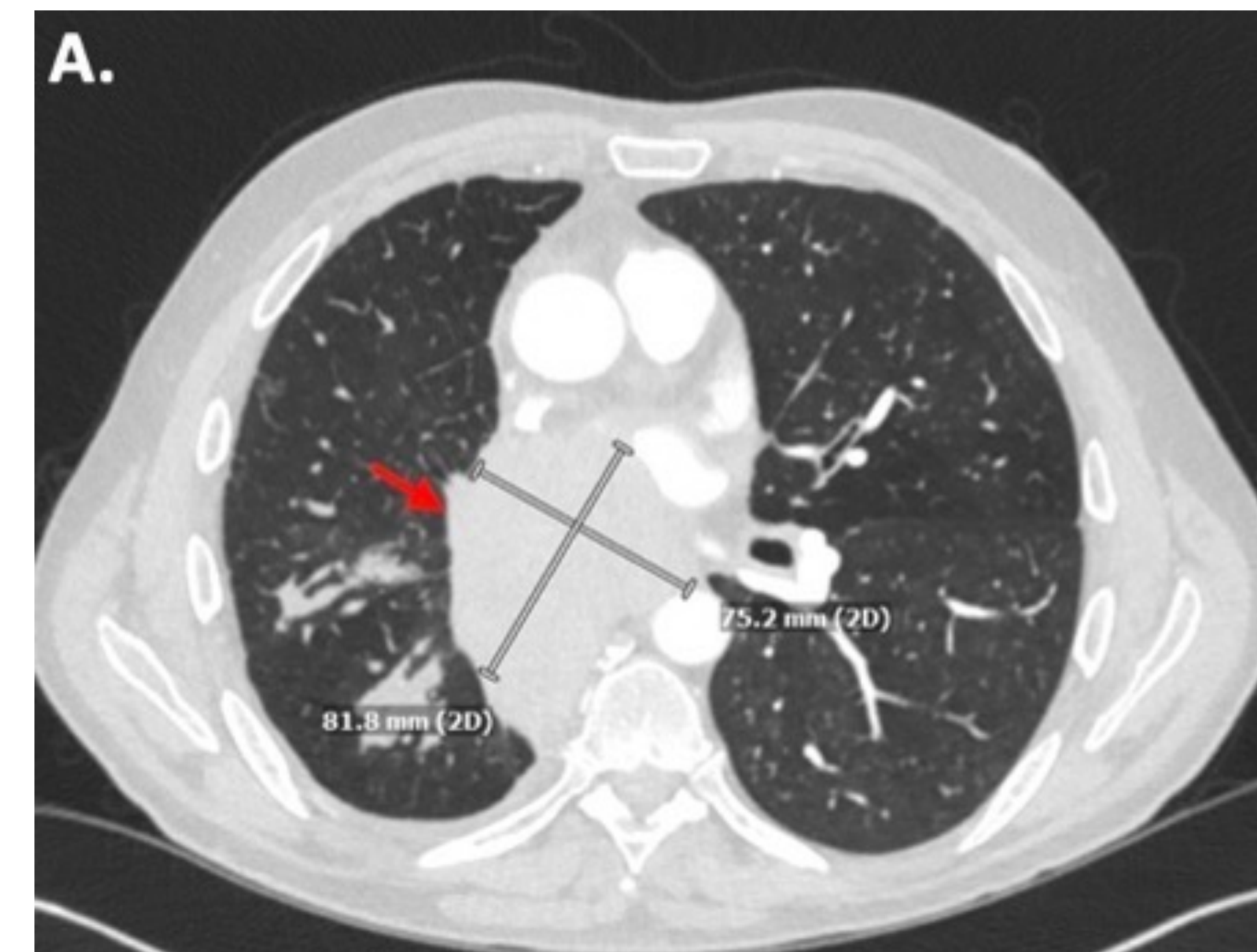


Figure 1A: Initial CT Chest with findings of a right 8.0 x 7.5 cm mediastinal mass

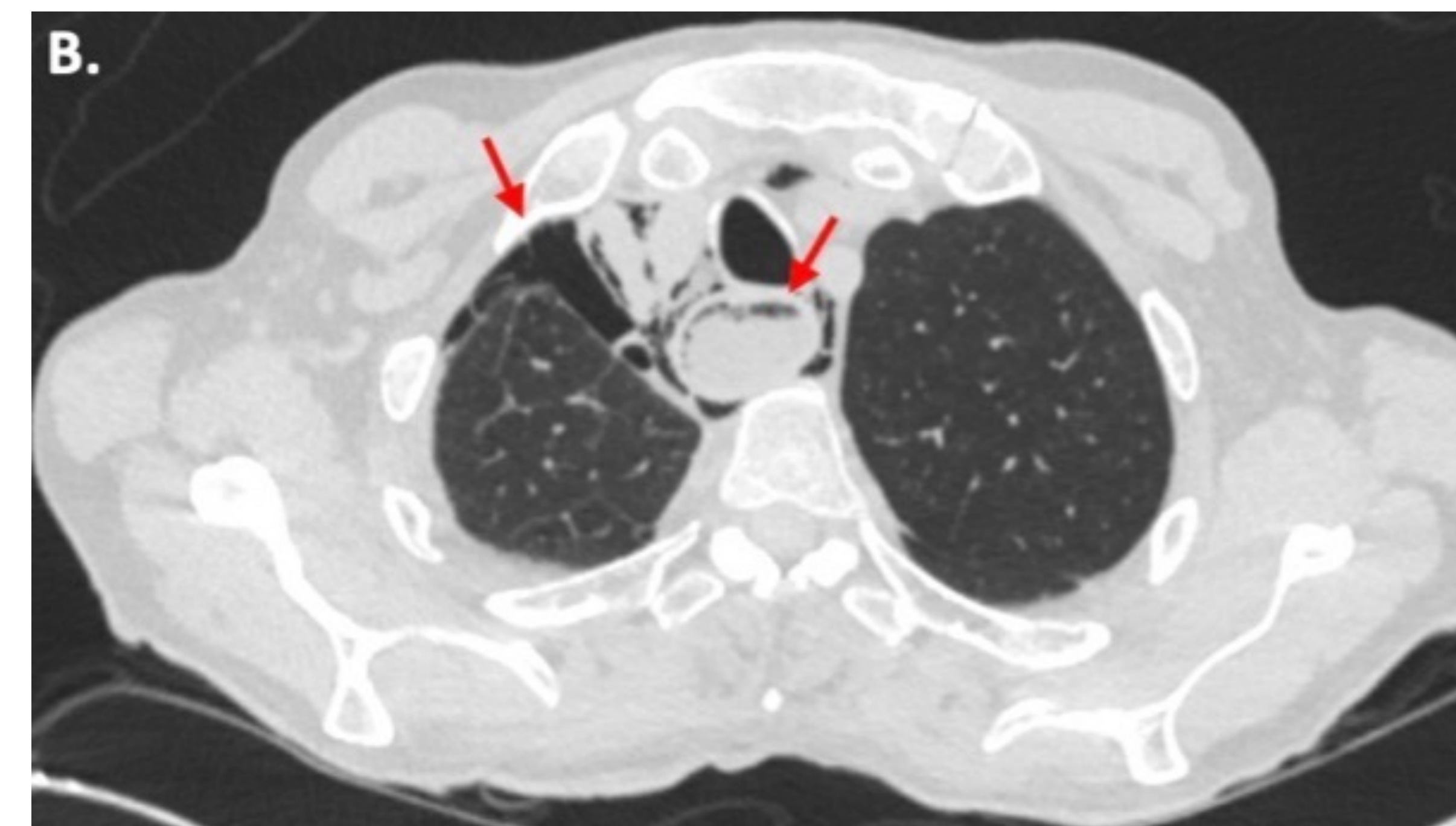


Figure 1B: Repeat CT Chest remarkable for a moderate volume pneumomediastinum and a small to moderate size right pneumothorax

Outcome

- Repeat CT was performed and was remarkable for a moderate volume pneumomediastinum and a small to moderate size right-sided pneumothorax
- Gastroenterology was consulted for concerns of esophageal perforation vs. esophageal invasion
- EGD was performed and showed severe extrinsic stenosis 30-32 cm from the incisors. The area of stenosis was dilated. A 23mm x 120mm EndoMAXX fully covered stent was placed
- Following stabilization, the patient was able to tolerate mechanical soft diet and thin liquids

Discussion

- Dysphagia associated with lung cancer can occur via three mechanisms: mediastinal extrinsic esophageal compression, upper esophageal compression by lymph nodes, and radiation induced esophageal stenosis
- Patients may experience decreased quality of life due to poor oral intake, malnutrition, and increased risk for infection
- Lung malignancy associated dysphagia can be improved by both surgical and non-surgical interventions such as dilatation or esophageal stenting

References

- Camidge DR. The causes of dysphagia in carcinoma of the lung. J R Soc Med. 2001;94(11):567-572. doi:10.1177/014107680109401104