

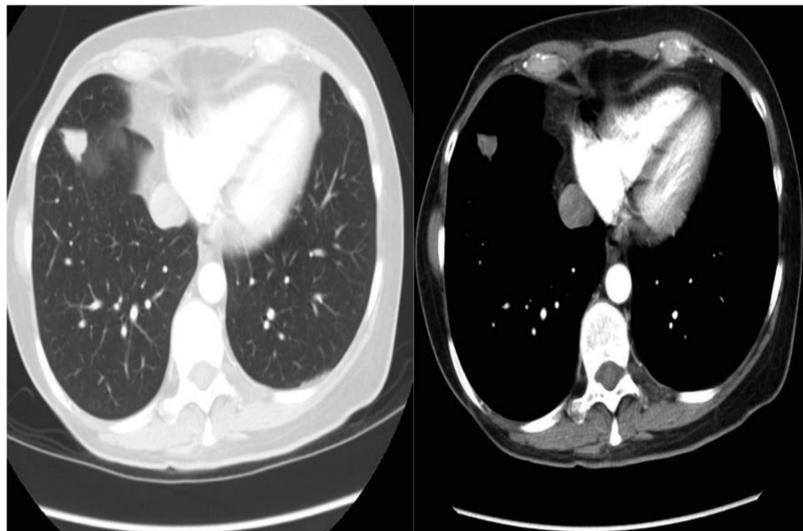
# Pulmonary Lepidic Adenocarcinoma in a Patient with Prior Diagnosis of Breast Cancer: Case Report

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## Background

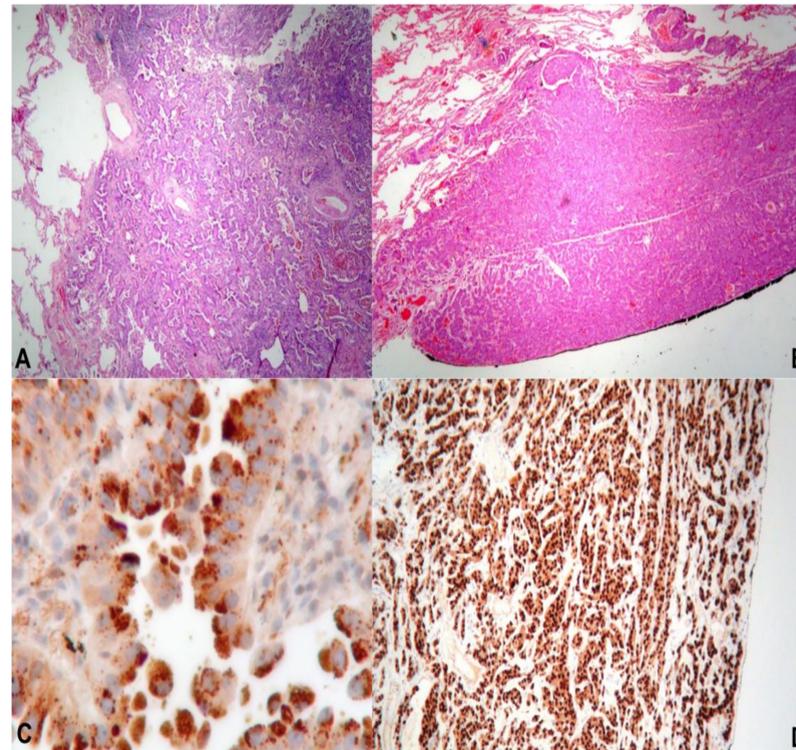
The combined effect of improved cancer diagnosis and management has led to a marked increase in cancer survivors. Consequently, an appreciable proportion of cancer diagnoses are registered among patients who received a cancer diagnosis in the past, and more accurate diagnostic procedures has lead to the identification of more than one cancer in a subset of patients. We present the case of a patient with breast cancer in whom a lepidic primary lung adenocarcinoma was discovered during a follow-up.



Chest CT-scan with irregular right basal nodular lesion and mediastinal nodes

## Methods

We reviewed the clinical history data.



A,C: Adenocarcinoma with lepidic pattern (H & E), positive for Napsina A and TTF-1 (IHC), positive for deletions in exon 19 of the EGFR (PCR) and negative for EML4-ALK (IHC). B,D: Subpleural metastatic tumor of ductal carcinoma of the breast (H & E), positive for estrogen and negative (Score 0) for HER2 (IHC)

## Results

A 68-year-old female with breast cancer EC EIII diagnosed in March of 2010, treated with lumpectomy and lymph node removal, had a solid mucinous ductal carcinoma with a Ki67 expression of 35%, hormone receptors: Estrogen (+) 100%, Progesterone (-), HER 2 NEU negative and negative margins with angiolymphatic invasion 3/15. She received radiotherapy, tamoxifen and later anastrozole. In Dec / 2010 she presented tumor recurrence managed with radical mastectomy and received chemotherapy with Adriamycin and Cyclophosphamide. In April / 2013 she consulted with two months of dry cough and dyspnea, normal physical examination, an unremarkable mammography, chest CT-scan with an irregular right basal nodular lesion and mediastinal nodes. The patient underwent resection through thoracoscopy, pathology showed a lepidic adenocarcinoma pattern with mutated EGFR exon 19 and exon 21 negative, with metastatic nodal involvement by the primary lung tumor and previous breast carcinoma.



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## Conclusions

Patients diagnosed with a cancer have an increased lifetime risk for developing another de novo malignancy depending on various inherited, environmental and iatrogenic risk factors. Cancer patients could survive longer due to settling treatment modalities, and probably develop a new malignancy subsequently. The monitoring and evaluation procedures are especially useful for early detection of associated tumors when there is a known tumor lesion.

## Bibliography

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