



# Primary Lung Cystic Adenoid Tumor with Extensive Involvement of the Right Lung and Distal Trachea treated with Tracheal Sleeve Pneumonectomy: A Case Report

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## Introduction

Cystic adenoid carcinoma is a tumor with low-grade malignancy of slow growth original from salivary glands, which can appear in the central airway and extend to the lung. Even though its slow growth and discrete invasion, its localization may cause obstruction with severe compromise, we present the case of a patient with right lung cystic adenoid tumor with invasion of the carina, distal trachea and contralateral nodules treated with pneumonectomy and carinal resection with an adequate response

## Methods

We review the Clinical History data

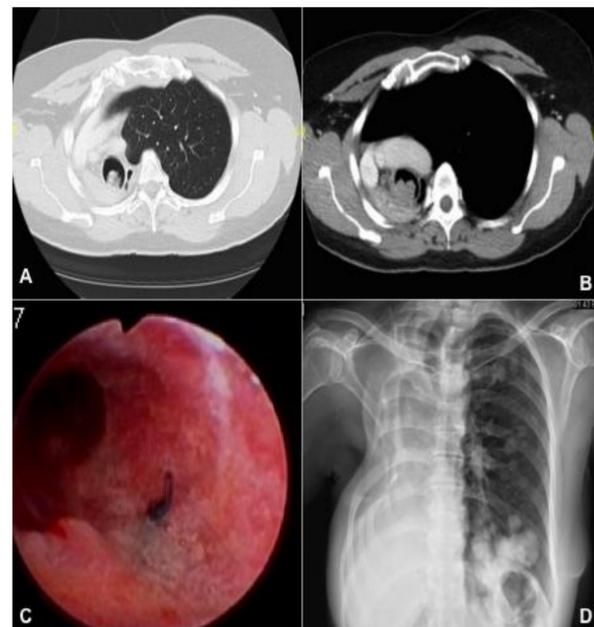


Fig 1. A, B. Chest CT where right lung volume loss and endobronchial lesion is appreciated. C. Endoscopic image of the suture from LSB to the trachea. D. Follow-up X-Ray which exhibits chest plasty and mediastinum displacement after pneumonectomy and recurrent injuries in left-hemithorax several years after first surgery.

## Case Report

Woman, 53 years, non-smoker, with 2 year period of cough, progressive dyspnea, recurrent hemoptysis, is admitted on March/2011 for symptom exacerbation and hemoptysis, at examination, mild dyspnea, mobile lymphadenopathies in neck, tracheal displacement to the right, heart without murmurs, decrease of respiratory sounds in the right lung, abdomen without masses, extremities without edemas, no neurological deficit, thorax x-rays and CT showed complete atelectasis of the right lung, low endotracheal mass, small contralateral nodules, rigid bronchoscopy was performed, the lesion obstructing the trachea was resected, permeabilization of the left main bronchus, the original lesion comes from the right main bronchus and involves the carina. The pathology reports a basal cell lesion that formed cystic structures with mucous material identified as cystic adenoid carcinoma. Given the slow growth behavior and low grade malignancy, but extensive involvement, it was decided on Sep/2011 to perform right pneumonectomy, resection of the carina and anastomosis of the left main bronchus with the distal trachea without complications. On Oct/2011 presented cough and purulent sputum, a broncho-pleural fistula with pleural collection was detected, a cleaning surgery was performed, and window thoracostomy, rib resection and pectoral muscle flap with an adequate response. The patient evolves without dyspnea or hemoptysis, gains weight and undergoes quarterly outpatient controls, including endoscopic control with periodic electrocauterization of the residual lesions in the anastomosis, the patient survives during 3 years with an adequate quality of life, in 2014 presents community-acquired pneumonia in the left single lung and dies in the acute infectious disease.

## Discussion

The primary lung cystic adenoid carcinoma represents 2% of the lung tumors, the multidisciplinary approach and surgical treatment with carinal resection and pneumonectomy achieved a local disease control in this case, as well as symptom improvement and an acceptable survival with good quality of life.

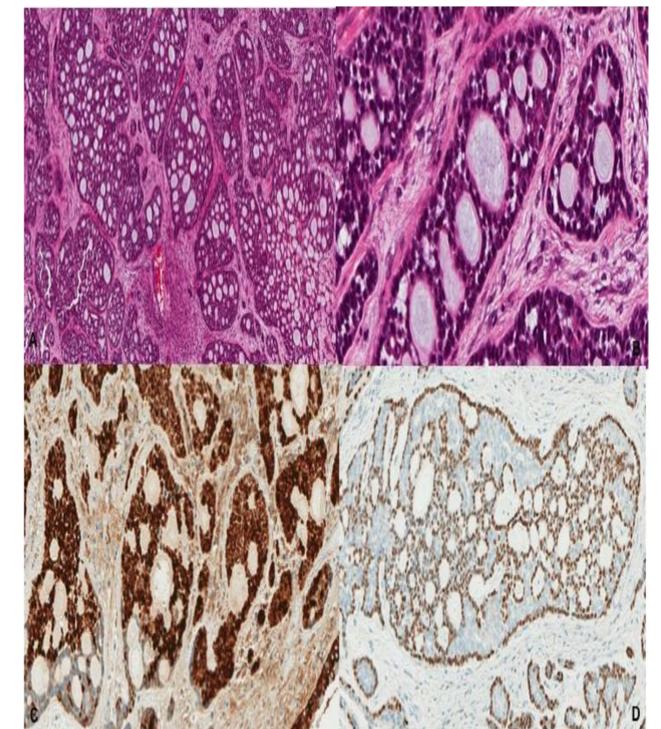


Fig 2. A y B. Hematoxylin-eosin staining, Cystic adenoid tumor. C. Expression of CK5/6. D. Expression of the gene p63 which confirms morphologic diagnosis.

## Bibliography

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