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Cough, an unusual presentation of a gastrointestinal tumor

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Background & Aim: The symptom of cough is one of the most common symptoms that a family doctor has contact with. Although in most cases the etiology behind it is benign in others the cause of such complaint is more complex and worrisome, specially if it's a chronic symptom. The aim of paper is to present a rare etiology of chronic cough.

Method: We collected the clinical history directly from the patient and the laboratory results from her clinical process.

Results: 71 years old female, belonging to a nuclear family, in Phase VIII of Duvall's cycle, moderately functional family. Personal history of dementia. Presents to an appointment with her family doctor referring exacerbation of chronic dry cough that she has had for several years. She denied orthopnea, dyspnea, dysphagia, hemoptysis or chest pain. She also complained of anorexia but had had no weight loss. A chest x-ray was ordered revealing a right paracardiac hypotransparency. In this setting we request a chest CT with showed a mass, mediastinal origin, 12.6x11.2x11.8cm, with liquid content and walls that capture the iodine contrast, compressing the right lung, compatible with an esophageal gastrointestinal stromal tumor (GIST). The patient was referred to thoracic surgery that excised the mass. The histology confirmed the diagnosis of an esophageal GIST, stage IIIA. After the surgery the cough subsided, but due to her medical pre-condition treatment with chemotherapy was excluded.

Conclusions: With this case we pretend to underline the importance of a thorough approach when confronted with signs and symptoms that can be caused by various diseases with very different prognosis. Like this case, that has a poor prognosis, when the warning sign was the chronic cough. Disclosure: No conflict of interest declared.