

PS1.028

Presentation lung carcinoma in a young patient, carcinoid tumor

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Introduction: Pulmonary carcinoid tumors are tumors of neuroendocrine lineage. Its frequency corresponds to 2% of primary lung tumors and 25% of carcinoid tumors, typical carcinoid accounts for 80% of bronchial carcinoid. It usually occurs in patients in the fifth decade of life, although the most common primary tumors in children and adolescents. The diagnosis is obtained by imaging, bronchoscopy and histological confirmation, and treatment is primarily surgical. It's asymptomatic in 58% of cases presenting in the case of symptomatic: respiratory symptoms, Cushing syndrome ectopic ACTH (8%) or carcinoid (5%) syndrome. Case report: - Present Illness: Woman 16 years. Attend referring to the Emergency Department followed a week of evolution afternoon fever over 38°C, with chills and shivering companions, and productive cough that persists despite antibiotic treatment initiated by his Family Doctor 3 days ago. In x-ray is displayed on the hilar shadows, rounded increased density is attributed to pneumonic infiltrates with some degree of loss of volume. The blood test shows leukocytosis with neutrophilia. -

Personal Background: Allergic to AAS, family history of asthma, passive and active smoking occasional weekends; four pneumonias of LID in the last three years. - Physical examination: No unremarkable. - Evolution: They sent pulmonology outpatient antibiotic treatment; with TAC prior to the consultation, which evidences a right parahilar mass producing obstructive atelectasis LID multiple mucoid impaction by bronchial obstruction chest. A right hilar adenopathy centimeter is further appreciated. Scintigraphy in a hyperintense focus on right parahilar mass support TNE, along with a diffuse uptake, light intensity below this focus, pneumonitis secondary to watching. Bronchoscopy, mass on the origin of the bronchus of LID is confirmed, with the suspect bronchial carcinoid tumor. In medical-surgical session opted for surgical treatment and entered by CTO. - Histological Diagnosis: BAS and FNA samples were taken with cytologic report supports bronchial carcinoid tumor, T2aN1M0(EIIA).