

PS1.029

Atypical presentation of lung cancer as pneumothorax

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Introduction: Spontaneous pneumothorax is a common disease in clinical practice, especially visible in the area of Emergency and Primary Care, with an incidence of 76 cases per year per million inhabitants. 0.46% of lung cancers are associated with spontaneous pneumothorax, while 0.03% of spontaneous pneumothorax originate from lung cancer. The cause of pneumothorax in this type of patient has been linked to the rapid growth of the tumor. Clinical suspicion should be established from the radiographic findings and the presence of risk factors for lung cancer. Case report: - Present Illness: Male, 57, who came to the emergency department by dyspnea and chest pain 6 hours of evolution.

Personal Background: Cardiovascular risk factors (DM2, hypertension, DL, chronic ischemic heart disease revascularized by PTCA and stent) plus smoking 100 packs / year. - Physical examination: Regular condition, muco-cutaneous pallor no palpable regional lymph nodes. A pulmonary auscultation revealed the disappearance of breath sounds in the left hemithorax. - Complementary tests: chest radiograph showed the presence of a left pneumothorax with practically complete atelectasis of the lung, with small left pleural effusion, which seems to intuit a lung mass. Baseline laboratory showed elevated liver enzymes drinking habits, along with iron deficiency anemia. - Evolution: Placing a chest tube on the left midclavicular line; due to persistent pneumothorax despite drainage and the presence of fever peaks of up 39 ° C accompanied by cough and expectoration a thoraco-abdominal CT which shows a left hilar mass infiltrating the pulmonary artery is performed; presence of left hidroneumotórax and liver metastases (hypodense lesion). - Histological diagnosis: Squamous Cell Lung Carcinoma (Stage IV).