

## PS2.023

### Sixty-six year old woman with causal diagnosis of pulmonary nodule on preventive clinical practice in primary care

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**Background and Aim:** Patient with a history of allergy to vitamin-B; essential-HTA (2007) Controlled-treated with Valsartan-160mg+Hydrochlorothiazide-12.5mg/day; Sliding hiatal hernia and Helicobacter pylori Duodenal Ulcus (eradicated) with recurrent upper gastrointestinal bleeding (3) in 2000 with periodic reviews and Esomeprazole-treatment with 40mg/day; Intervened hemorrhoids (2008); Hypercholesterolemia (2010) Pitavastatin-treated with 2 mg/day; Endometrial polyp removed (hysteroscopy-2015); Benign colonic polyps removed (2015).

**Method:** in primary care, the patient is sent for review by gastroscopy under sedation for their digestive diseases and was performed preoperative, detecting on chest radiography a nonexistent Upper-Left-lobe (ULL) pulmonary nodule.

**Results:** Thorax-Abdomen CT-Scan: in the study, no significant growth in nodal axillary, supraclavicular, hilar or mediastinal size appreciated. Normal aorta caliber. The lung parenchyma showed the presence of pulmonary ULL mass of spiculated edges and pleural projections, with 3.2 cm distal atelectasis component and an adjacent lung nodule. No pleural or pericardial effusion could be seen. Sliding hiatal hernia. The study of abdomen, showed no liver damage or other organs significant abnormalities. Neither intra-abdominal lymphadenopathy nor free liquid is appreciated. PET-CT: suggestive study of viable tumor tissue injuries described at the level of the lung mass in the upper lobe of the left lung and the adjacent pulmonary nodule. Endobronchial guided-biopsy: Adenocarcinoma. Broncho-aspiration: Adenocarcinoma-positive. The patient underwent surgery being practiced left upper lobectomy with lymphadenectomy, and she is in a good state.

**Conclusions:** The monitoring and periodic reviews in primary care for chronic diseases is essential for prevention, and for being patients in good health as it is demonstrated in this case, since the intervention of the family doctor in the health control revisions allows early diagnosis of fatal prognosis diseases if their detection is late.