

Pulm III: Neoplasms Cheat Sheet

by ksellybelly via cheatography.com/19318/cs/2374/

Carcinoid Tumors

carcinoid adenomas or bronchial gland tumors

men and women equally (usually <60yo)

bleeding, obstruction, carcinoid syndrome

surgery (resistant to radiation and chemo)

well-vascularized

Well-differentiated neuroendocrine tumors that affect

hemoptysis, focal wheezing, recurrent pneumona,

bronchoscopy shows pink/purple central lesion that is

AKA

Definition

Clinical

features

findings

Treatment

Lab

Bronchiogenic Carcinoma

What is the leading cause of cancer deaths in men and women lung cancer (more than colon+breast+prostate combined)

Number 1 risk factor

smoking

Two major categories of lung cancer

SCLC (small cell lung cancer, oat cell) and NSCLC (non-small cell lung cancer)

SCLC

25-35% of cases, poor prognosis, not amenable to surgery, early metastasis, aggressive clinical course

NSCLC

1) Squamous cell carcinoma: 25-35% of cases, hemoptysis, bronchial in origin. 2) Adenocarcinoma: the most common* type of lung cancer, 35-40% of cases, arises from mucus glands. 3) Large cell carcinoma

Clinical features

cough, hemoptysis, pain, anorexia, weight loss, asthenia

Treatment-SCLC

combination chemotherapy

NSCLC

surgery

Solitary Pulmonary Nodule

AKA

coin lesion

When is it referred to as a "mass"?

>3cm

What are most solitary nodules?

infectious granulomas from old/active TB, fungal infix, foreign body reaction, malignancy

What percentage of solitary nodules are malignant?

40%: carcinoma, hamartoma, metastasis, and 95% of malignant nodule are bronchial adenomas*

What may suggest a benign cause of a solitary nodule?

If the lesion has not enlarged in >2 years, and most are infectious granulomas

Treatment if lesion has high probability of malignancy

resection

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