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

Carcinoid Tumors

AKA	carcinoid adenomas or bronchial gland tumors
Definition	Well-differentiated neuroendocrine tumors that affect men and women equally (usually <60yo)
Clinical features	hemoptysis, focal wheezing, recurrent pneumona, bleeding, obstruction, carcinoid syndrome
Lab findings	bronchoscopy shows pink/purple central lesion that is well-vascularized
Treatment	surgery (resistant to radiation and chemo)



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