

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

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)

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

