



## ATYPICAL CARCINOID TUMOR AND MINIMALLY INVASIVE LUNG ADENOCARCINOMA BEYOND SMALL-CELL LUNG CANCER DIAGNOSIS

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**Objective:** Background. Carcinoid tumors of the lung are an uncommon group of neoplasms and they represent the most indolent form of a group of bronchopulmonary neuroendocrine tumors. Bronchopulmonary carcinoid tumors represent about 10% of all carcinoid tumors and atypical carcinoid tumors account for about 10% of all pulmonary carcinoid tumors. Atypical carcinoid tumors are histologic and clinical more aggressive than typical carcinoid tumors: metastasize at a higher rate and also carry a worse prognosis; they are associated with a 5-year survival rate of 40-60%.

Minimally invasive adenocarcinomas (MIA) of the lung are localized lesions measuring  $\leq 3$  cm with pure or predominant lepidic growth pattern, with neoplastic cells along the alveolar structures and  $\leq 5$  mm of stromal invasion. There are three histopathological subtypes: non-mucinous (the most common), mucinous (rare) and mixed subtype. Patients with MIA lesions have near 100% disease-specific survival when they are completely resected.

Case presentation. In October 2017, a 57-year-old woman was presented in our hospital with a several-week history of persistent dry cough. Initial chest X-ray showed a small shadow in the lower right pulmonary field. A computed tomography (CT) of the chest revealed two lesions in the lower right lung lobe, one size 18x16 mm and the other 13 mm in largest diameter, without hilar or mediastinal lymphadenopathy. Bronchoscopy was performed and in cytology specimens a small cells lung cancer (SCLC) were found. We decided to perform a PET CT scan which showed discretely increased FDG uptake in both lesions, and it was not possible to say clearly

# htd TORAKS 2019

hrvatsko  
torakalno  
društvo

9. Kongres Hrvatskog torakalnog društva  
9th Congress of Croatian Thoracic Society

**Hotel Westin Zagreb  
10.-13. 4. 2019.**



whether it was a malignant disease. The disease was classified as stage IIB. According to these findings, in December 2017. the patient underwent right lower lobectomy and histological diagnosis for larger lesion was Carcinoid atypical pulmonis (pT1c) and for smaller lesion diagnosis was Minimally invasive mucinous adenocarcinoma (MIA). After surgery till today, the patient is under follow up for 16 months now - every six-months PET CT scan; the last PET CT scan was performed in December 2018 and did not show any recurrent disease.

Conclusion. Although initial diagnosis suggested a more malignant disease, further careful imaging staging and surgical treatment resulted in an accurate diagnosis, modality of treatment and, in the end, with a better outcome. We did not find similar cases in the literature.