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PLEOMORPHIC SARCOMATOID CARCINOMA OF THE LUNG

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Objective: Background. Pleomorphic lung carcinoma is an epithelial tumor containing carcinomatous and sarcomatoid components. Histopathologic diagnosis is complex and difficult due to heterogeneity of the tumor; some data shows a sarcomatoid carcinoma is misdiagnosed before surgery in 60% of cases. Also, at presentation, up to 70% of patients have the metastatic disease. This tumor is generally considered chemo- and radioresistant but therapy options are surgery if it is possible and platinum-based chemotherapy.

Case presentation. In March 2016, a 66-year-old woman was presented in our hospital with a 4-week history of persistent dry cough. Initial chest X-ray showed a large shadow in the middle of the right lung field. A computed tomography (CT) of the chest revealed an endobronchial mass in the right upper bronchus with right hilar lymphadenopathy disease and few subpleural lesions in both lungs. Bronchoscopy indicated the presence of a large cauliflower mass in the right upper bronchus. Biopsy specimens were analyzed at Department of Clinical Pathology in Clinical Hospital Merkur, Zagreb and sent to Institute of Pathology at the Medical University of Graz, for revision. This second analysis confirmed sarcomatoid lung cancer as the histological diagnosis. Lung cancer was classified as stage IV (T2bN1M1a). According to this finding, the patient was scheduled for a chemotherapy which included three cycles of carboplatin and paclitaxel. Post-treatment CT scan in May 2016 showed progression in tumor size and then was decided to continue treatment with second-line chemotherapy, pemetrexed. After four cycles of pemetrexed, a PET CT scan showed increased FDG uptake in a large tumor mass in the right lung, but without other metabolic activity in the lung or in other parts of the body. According to this finding, in November 2016. the patient underwent right pneumectomy and histological diagnosis of this specimen was the pleomorphic sarcomatoid carcinoma without evident tumor involvement in all 19 resected lymph nodes or lymphovascular and perineural invasion, all resection margin was clear of tumor cells. After surgery till today, the patient is under follow up for 16 months now - every three-months chest CT and every six months PET CT

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scan; the last PET CT scan was performed in March 2018 and did not show any recurrent disease.

Conclusion. Although sarcomatoid pleomorphic lung carcinoma has major malignant potential and tendency for distant metastasis, in some cases, as in our patients, careful imaging staging, surgical treatment and frequent follow up might result in better outcomes.