

A Case of Lung Squamous Cancer Associate with Scleroderma, Rare Metastasis to the Small Intestine

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ABSTRACT

Systemic Sclerosis (SSc) is a chronic multisystem disease characterized by widespread vascular dysfunction and progressive fibrosis of the skin and internal organs. Nearly 90% of patients with either subtype of SSc have evidence of gastrointestinal involvement. During the first decade after the onset of scleroderma the majority of patients developed malignancy and limited scleroderma were significant risk factors for a patient with scleroderma to have a concurrent malignancy.

The small bowel is the second most common organ affected in SSc. The gastrointestinal tract is not a common site of metastasis for primary lung cancer when compared with other sites. Primary Squamous Cell Carcinoma of the small intestine is an extremely rare malignant tumor. Most symptoms were chronic and nonspecific depending on the site of the tumor while acute gastrointestinal bleeding and perforation were also present. Perforation may also occur in all these diseases due to serosal fibrosis with loss of wall compliance in the muscularis layer of small intestine.

We here present a 79 years old woman diagnosed with squamous cell lung cancer with underlying interstitial lung disease 7 years after a diagnosis of systemic sclerosis. She complained of an abdominal pain after the 18 ho from the implementing chemotherapy during hospitalization and the patient developed acute abdomen, small bowel perforation was diagnosed by a CT scan of the abdomen. She underwent surgery and the surgical findings showed a metastasis of squamous cell lung carcinoma in the small intestine. She died after 3 days of the surgery, for the cause of multiple organ failure and sepsis.

The purpose of this abstract is to clarify and discuss the various differential diagnoses of perforation of the small bowel. Intestinal perforation occurs in advanced stages. The possibility of small bowel metastases should paid attention in patients with lung cancer and involvement of small bowel in SSc presenting with an acute abdomen. It would be helpful to know these features so that physicians follow up and treat acute abdomen complications adequately.

Keywords: Lung cancer, Scleroderma, Gastrointestinal metastasis

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