**OS 217 ONCOLOGY MODULE – Lung Cancer**

**CASE**

C. A. is a 58 year old male, who works as a security guard.

For the past 3 months, he has had a nagging non-productive cough which does not resolve with self-medication with lagundi preparation. He also noted a lack of energy and tendency to feel unusually tired during his usual 12-hour shift. 3 days ago, he experienced coughing up or gross blood after a particularly violent coughing fit. He has decided to consult due to this incident, although there was no note of recurrence.

On further probing, you noted that he is a social drinker, denies illicit drug use but admits to smoking at least ¾ pack of cigarettes daily, starting when he was around 25 years old.

He does not know of any similar illness in other family members, although he recalls that an uncle was treated for 6 months for what was allegedly a case of weak lungs.

The patient’s physical examination was unremarkable. There were no palpable lymph nodes. There was no jaundice or cyanosis noted. The neurologic exam was likewise unremarkable.

On workup, there was note of a solitary pulmonary nodule on the right upper lobe, measuring approximately 3 cm x 2.5 cm. There was no note of any mediastinal widening, pleural effusion or osseous defects. His sputum AFB results were negative for three consecutive days.

Given the radiographic findings, CT scan was requested which showed a nodule measuring 3 x 2.5 cm in the right upper lobe and a 1.5 x 1 cm nodule in the right middle lobe, with right peribronchial lymph node enlargement. CT GAB was done, which revealed cell findings consistent with lung adenocarcinoma. Metastatic workups included an abdominal CT scan, bone scan and cranial CT scan, all of which showed non-significant findings.