CASE REPORT

Small cell lung cancer presenting with a left iliac fossa mass

Hannah Jethwa,¹ Louis Savage²¹NHS, London, UK²Department of General Surgery, NHS, London, UK

Correspondence to

Dr Hannah Jethwa;
hannahjethwa@nhs.net

SUMMARY

We report a 59-year-old lifelong smoker with severe chronic obstructive pulmonary disease who presented with an acute onset 3-day history of left iliac fossa pain and abdominal distension. Clinical examination revealed a palpable mass in the left iliac fossa. The differential diagnosis was that of a diverticular abscess or colonic tumour. She subsequently underwent a CT scan which showed extensive metastatic liver disease from a primary lung tumour, with hepatomegaly abutting the anterior abdominal wall in the left iliac fossa.

BACKGROUND

Extremely unusual presentation of primary lung cancer with acute onset of left iliac fossa pain and mass.

CASE PRESENTATION

A 59-year-old woman presented to the emergency department with symptoms of a 3-day history of acute onset lower abdominal pain, nausea and abdominal distension.

Her medical history included chronic obstructive pulmonary disease, chronic back pain and has a history of alcohol excess.

Clinical examination revealed a palpable, visible mass in the left iliac fossa and severe lower abdominal tenderness. She was also noted to be markedly cachectic.

Five months prior to this admission she was seen in colorectal clinic with an 8-week history of change in bowel habit and vague lower abdominal pain. A CT pneumocolon performed at this time demonstrated no intra-abdominal pathology.

INVESTIGATIONS

Admission bloods revealed a raised alkaline phosphatase (473 IU/L), C reactive protein (36 mg/L) and white cell count ($15.3 \times 10^9/L$, neutrophil count $12 \times 10^9/L$) and a low albumin (28 g/L) and haemoglobin (9.6 g/dL).

Admission chest radiograph revealed a cavitating opacity in the left hilar region and abdominal radiograph showed possible small bowel dilation.

CT of her chest, abdomen and pelvis was performed which showed a left-sided primary lung cancer, multiple large volume mediastinal lymphadenopathy and metastatic liver disease extending to and abutting the anterior abdominal wall in the left iliac fossa (figure 1).

Figure 1 CT image demonstrating metastatic liver disease extending to and abutting the anterior abdominal wall in the left iliac fossa.

An ultrasound-guided liver biopsy was performed which revealed histology confirming a diagnosis of small cell carcinoma of the lung.

DIFFERENTIAL DIAGNOSIS

The initial differential diagnosis was of diverticular disease or colorectal primary tumour.

OUTCOME AND FOLLOW-UP

Patient was referred to the respiratory multidisciplinary team for further management, but died several days later.

DISCUSSION

Small cell lung cancer is an aggressive disease predominantly found in heavy smokers.¹ Symptoms of the disease can result from local invasion, local or distant tumour spread and/or paraneoplastic syndromes and the most common clinical manifestations of the disease include shortness of breath, cough, bone pain, weight loss and fatigue.² Less commonly, patients may present with neurological dysfunction such as hoarse voice (due to recurrent laryngeal nerve compression), hemidiaphragm paralysis (due to phrenic nerve compression) and headache, slurred speech or blurred vision (secondary to brain metastases or spinal cord compression).²

Additional to brain and bone metastases, hepatic metastases in small cell lung cancer are common. We are, however, unaware of similar reported cases of small cell lung cancer presenting acutely with left iliac fossa pain and mass due to rapidly progressing liver involvement.

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Learning points

- ▶ The differential diagnosis for left iliac fossa pain is broad.
- ▶ Not all left iliac fossa pain is due to surgical pathology.
- ▶ Despite a normal CT scan 5 months prior to admission the patient had advanced liver disease; clinicians should have a low index of suspicion for rapidly progressive malignant disease in lifelong smokers.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCES

- 1 MedlinePlus. Lung cancer—small cell. <http://www.nlm.nih.gov/medlineplus/ency/article/000122.htm> (accessed 16 Oct 2013).
- 2 Medscape. Small cell lung cancer clinical presentation. <http://emedicine.medscape.com/article/280104-clinical> (accessed 16 Oct 2013).

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