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A RARE CASE REPORT OF A YOUNG MAN PRESENTING WITH OCCIPITAL HEADACHE DETECTED WITH DIFFUSE METASTASES

General Medicine

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ABSTRACT

Lung cancer is the most common cancer worldwide and is still responsible for the most of the cancer deaths. Though exposure to tobacco smoke continues to be the primary etiological factor, lung cancer is also a significant health problem in those with no history of smoking. Lung cancer in people who have never smoked (LCINS) is distinct enough from an epidemiologic and biologic standpoint to be considered a separate entity. Currently , LCINS is projected to be the fifth most common cause of cancer related deaths worldwide. Metastases are quite common and patients may present with non pulmonary symptoms which need early evaluation and diagnosis.

KEYWORDS

CASE REPORT

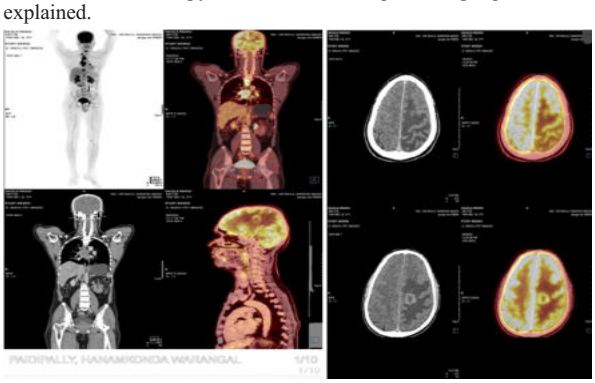
A 37/M presented in our OPD with occipital headache, frequent episodes of sudden altered sensorium lasting few minutes , with upper back ache, abnormal gait occasionally since 1 month. Headache was insidious in onset, presenting on and off, associated with blurred vision and few episodes of vomiting, non projectile in nature.

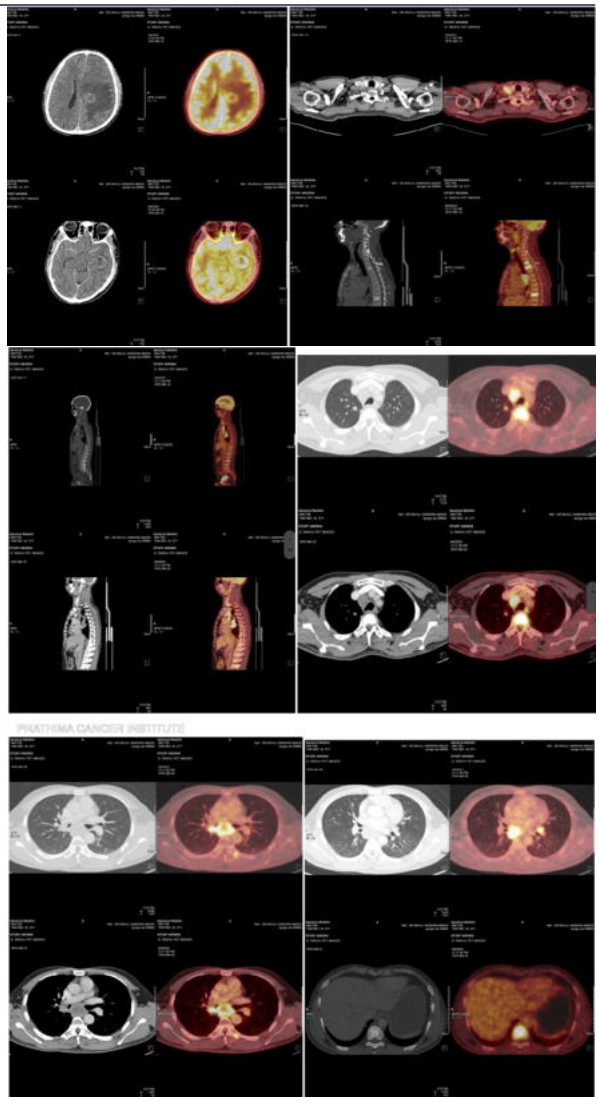
Patient is teacher by profession, married with two live children, non diabetic, non hypertensive, non alcoholic, non smoker, no other comorbidities or addictions. On examination patient was conscious, coherent, cooperative, well oriented to time place and person. vitals stable.

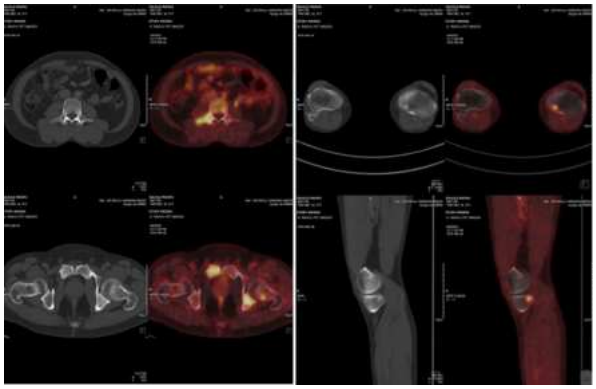
Supportive care was given to the patient after thorough clinical examination. MRI brain and spine report done in another hospital showed a space occupying lesion in centrum semiovale and lesions in D3D4 vertebral bodies.

In view of high suspicion of any malignancy, a PETCT was planned in our hospital. PETCT was done in our hospital and it showed >hypermetabolic heterogeneusly enhancing nodule in the posterior segment of right lung lower lobe with right inferior pulmonary ligament lymph nodes.>hyper metabolic right supraclavicular, mediastinal lymph nodes, multiple bilateral lung nodules, hypermetabolic solitary liver lesion, multiple hypermetabolic hypoenhancing right renal lesions, hypermetabolic subtle sclerotic skeletal lesions and brain lesion.

Overall scan findings are for carcinoma right lung with metastasis which was proven histopathologically as adenocarcinoma lung. Palliative radiotherapy was started and guarded prognosis was explained.







DISCUSSION

Lung cancer is the most common cancer worldwide and is still responsible for the most of the cancer deaths. Inspite of, exposure to tobacco smoke being the primary etiological factor, lung cancer is also a significant health problem in those with no history of smoking. Lung cancer in people who have never smoked (LCINS) is distinct enough entity.

A "Never smoker" refers to individuals who have smoked fewer than 100 cigarettes in their lifetime. Currently , LCINS is projected to be the fifth most common cause of cancer related deaths worldwide. Non small cell lung cancer (NSCLC), predominantly adenocarcinomas account for upto 50-60% of cancers in never smokers. Risk factors could be second hand smoke, occupational exposures to gaseous decay and organic dust(asbestos, chromium, arsenic), airpollution, arsenic contaminating drinking water, indoor air pollutions, genetic factors (EGFR mutations, HER2 mutation, germline ATML2307F mutation, R331W a germline variant in YAP1 etc..) . Adenocarcinoma is more common in never smokers, light smokers and former smokers. Metastases are quite common and patients may present with non pulmonary symptoms which need early evaluation and diagnosis. NSCLC with multiple metastases are often given palliative radiotherapy.

Our patient here in discussion is a non smoker presenting with non pulmonary symptoms of occipital headache, abnormal gait, upper back ache, frequent temporary loss of consciousness, presenting at late stage with multiple lesions in lung, brain, skeleton, kidney, liver and draining lymphnodes. His guarded prognosis was explained and palliative radiotherapy was offered along with conservative therapy.

CONCLUSION

In summary, this case report highlights the evaluation of Occipital headache in a young man with abnormal gait, frequent episodes of temporary loss of consciousness, who is a non smoker and with no comorbidities, diagnosed with multiple metastases and primary in the lung. Since it was a non small cell lung carcinoma with multiple metastases presenting in advanced stage, it needed palliative radiotherapy. Since the patient presented in late stages no other treatment options could be offered. We summarise that any suspicious symptom though subtle, should be promptly evaluated thoroughly for a proper diagnosis and for early appropriate treatment to be offered.

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