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A CASE OF BRONCHOGENIC CARCINOMA MASQUERADING AS INTRACARDIAC AND VASCULAR THROMBOSIS AND VASCULAR THROMBOSIS

General Medicine

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ABSTRACT

Bronchogenic carcinoma most commonly presents with respiratory symptoms; however, rare manifestations such as intracardiac and major vascular tumor thrombus may obscure the underlying diagnosis and delay appropriate management. We report the case of a 37-year-old male chronic smoker who presented with a two-month history of productive cough, progressive exertional dyspnea (mMRC grade 1 to 3), prolonged fever, dysphagia to solids, and significant weight loss. Clinical examination revealed bilateral supraclavicular lymphadenopathy, elevated jugular venous pressure, bilateral pitting edema, and bronchial breath sounds over the right lung fields. Contrast-enhanced computed tomography (CECT) of the thorax demonstrated a right upper lobe mass with mediastinal invasion and tumor thrombus extending into the superior vena cava, left brachiocephalic vein, and right atrium. No distant metastases were identified. Echocardiography revealed an echogenic mass in the right atrium consistent with tumor thrombus. Histopathological evaluation confirmed poorly differentiated non–small cell lung carcinoma. The patient was managed symptomatically and referred for oncological evaluation. This case highlights an unusual presentation of bronchogenic carcinoma masquerading as intracardiac and central venous thrombosis. A high index of suspicion, prompt imaging, and histopathological confirmation are essential for accurate diagnosis and timely management in patients presenting with atypical thrombotic manifestations.

KEYWORDS

Bronchogenic carcinoma; Non–small cell lung carcinoma; Tumor thrombus; Intracardiac mass; Superior vena cava thrombosis; Mediastinal invasion; Right atrial thrombus; Paraneoplastic thrombosis.

INTRODUCTION

Bronchogenic carcinoma typically presents with respiratory symptoms, but in rare cases, it can initially manifest as vascular or intracardiac thrombosis. Such presentations can lead to diagnostic confusion and delayed treatment.

CASE STUDY

A 37 years old man smoker presented with productive cough for 2 months was associated with exertional breathlessness progressed from MMRC grade 1 to 3,Fever of 2 months, difficulty in swallowing solid food for 1 month and significant weight loss of 10 kgs in 2 months.On examination, bilateral supraclavicular lymphadenopathy,JVP raised and bilateral pitting edema .Respiratory examination showed increased VF and VR with tubular bronchial breath sounds on right infra-axillary,interscapular and infrascapular region.

RESULTS

CECT revealed a mass in the right upper lobe of the lung with mediastinal invasion and tumor thrombus extending into the SVC, left brachiocephalic vein, and right atrium. No evidence of distant metastasis was noted. Histopathological examination confirmed poorly differentiated non-small cell lung carcinoma. The diagnosis was bronchogenic carcinoma presenting with intracardiac and vascular tumor thrombus. The patient was managed symptomatically and referred to oncology for further management.

CONCLUSIONS

This case highlights a rare and deceptive presentation of bronchogenic carcinoma. Intracardiac and vascular thrombi as initial manifestations can mislead clinicians toward non-malignant etiologies. A high index of suspicion, coupled with prompt imaging and tissue diagnosis, is essential for early detection and appropriate management. This case underscores the importance of considering malignancy in patients presenting with atypical thrombotic events involving central veins or cardiac chambers.

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