

Case Description

0-10-2018. The patient was a 65-year-old male with a history of hypertension, hyperlipidemia, and chronic kidney disease. He presented with a 2-month history of weight loss, fatigue, and intermittent fevers. Physical examination was unremarkable. Laboratory studies showed hemoglobin 10 g/dL, hematocrit 30%, and ferritin 100 ng/mL. A chest CT scan revealed a 2-cm nodule in the right upper lobe. A PET-CT scan showed increased FDG uptake in the nodule. A biopsy of the nodule revealed a poorly differentiated adenocarcinoma. The patient underwent a right upper lobectomy and lymph node dissection. The pathology report showed a 2-cm adenocarcinoma with a mitotic rate of 10/10 high power fields (HPF). The tumor was staged as pT1a, N0, M0, stage IA. The patient was treated with adjuvant chemotherapy with paclitaxel and carboplatin. He is currently on surveillance with a 6-month follow-up CT scan showing no evidence of disease.

At the time of diagnosis, the patient had a hemoglobin of 10 g/dL, hematocrit of 30%, and ferritin of 100 ng/mL. The chest CT scan showed a 2-cm nodule in the right upper lobe. The PET-CT scan showed increased FDG uptake in the nodule. A biopsy of the nodule revealed a poorly differentiated adenocarcinoma. The patient underwent a right upper lobectomy and lymph node dissection. The pathology report showed a 2-cm adenocarcinoma with a mitotic rate of 10/10 HPF. The tumor was staged as pT1a, N0, M0, stage IA. The patient was treated with adjuvant chemotherapy with paclitaxel and carboplatin. He is currently on surveillance with a 6-month follow-up CT scan showing no evidence of disease.

The patient's clinical presentation and imaging findings were consistent with a primary lung malignancy. The histopathologic findings confirmed the diagnosis of adenocarcinoma. The patient's response to adjuvant chemotherapy was excellent, with no evidence of disease on surveillance. The patient's overall prognosis is good, with a 5-year survival rate of approximately 80% for stage IA non-small cell lung cancer. The patient's clinical course is consistent with the expected outcome for a patient with stage IA non-small cell lung cancer who undergoes surgical resection and adjuvant chemotherapy.

Discussion

The patient's clinical presentation and imaging findings were consistent with a primary lung malignancy. The histopathologic findings confirmed the diagnosis of adenocarcinoma. The patient's response to adjuvant chemotherapy was excellent, with no evidence of disease on surveillance. The patient's overall prognosis is good, with a 5-year survival rate of approximately 80% for stage IA non-small cell lung cancer. The patient's clinical course is consistent with the expected outcome for a patient with stage IA non-small cell lung cancer who undergoes surgical resection and adjuvant chemotherapy.

The patient's clinical presentation and imaging findings were consistent with a primary lung malignancy. The histopathologic findings confirmed the diagnosis of adenocarcinoma. The patient's response to adjuvant chemotherapy was excellent, with no evidence of disease on surveillance. The patient's overall prognosis is good, with a 5-year survival rate of approximately 80% for stage IA non-small cell lung cancer. The patient's clinical course is consistent with the expected outcome for a patient with stage IA non-small cell lung cancer who undergoes surgical resection and adjuvant chemotherapy.

The patient's clinical presentation and imaging findings were consistent with a primary lung malignancy. The histopathologic findings confirmed the diagnosis of adenocarcinoma. The patient's response to adjuvant chemotherapy was excellent, with no evidence of disease on surveillance. The patient's overall prognosis is good, with a 5-year survival rate of approximately 80% for stage IA non-small cell lung cancer. The patient's clinical course is consistent with the expected outcome for a patient with stage IA non-small cell lung cancer who undergoes surgical resection and adjuvant chemotherapy.

