Endobronchial Tumor Migration Presenting with Acute Breathlessness and Stridor

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Abstract: We describe a case of known lung malignancy presenting acutely with bronchial obstruction. A piece of tumor from the left main bronchus (occluded by primary tumor) had been aspirated into the previously patent right main bronchus, leading to acute respiratory distress. The obstruction was cleared before intervention by expectoration.

Key Words: Dyspnea, Lung cancer, Stridor, Airways obstruction, Expectoration.

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A 59-year-old man presented with sudden onset of stridor and breathlessness. Two months earlier, he had been diagnosed with poorly differentiated lung cancer obstructing the left main bronchus. The clinical stage of the cancer was T3 N3 M1. Chest radiograph showed a reasonably clear right lung and collapse/effusion of the left lung (Figure 1). Fiber optic bronchoscopy and a computerized tomography scan were arranged. On the way to the bronchoscopy suite, he coughed up a 10 cm piece of tumor with immediate resolution of his symptoms (Figure 2). Subsequent bronchoscopy showed a necrotic tumor totally occluding the left main bronchus and a patent right bronchial tree. We believe that a necrotic piece of tumor from the left main bronchus migrated to the right bronchus causing a partial occlusion. The patient would therefore have tumor obstructing both left and right mainstem bronchi. In our opinion, this was the cause of the stridor and sudden deterioration. We then think that the obstruction was cleared by the patient during expectoration.

Expectoration of tumor has previously been reported,1–6 but not in relation to the relief of acute airways obstruction.

Acute breathlessness in a patient with lung cancer can have a number of etiologies including pulmonary embolism and disease progression.7 We believe that tumor migration should be added to the differential.

FIGURE 1. Chest radiograph showing collapse and effusion of the left lung.

FIGURE 2. The piece of tumor expectorated by the patient.
REFERENCES