A 60-year-old man affected by a IV stage non–small-cell lung cancer presented at the Emergency Department because of a rapid onset of dyspnea, persistent productive cough, and systemic artery hypotension (arterial pressure of 100/50 mm Hg).

Patient had a recent diagnosis of squamous carcinoma in the right lower lobe of the lung associated to multiple, bilateral pulmonary non calcified secondary lesions, measuring 5 mm. Multiple adenopathies were also present in the mediastinum (particularly in 2, 3, 4R and 4L, 7, 8, 10R, 11R, and 12R levels). Moreover, metastatic lesions were present in the paravertebral muscles and spleen.

At the admission, a diffuse bone metastatic involvement was observed, characterized by multiple osteolytic lesions. Moreover, contrast-enhanced computed tomography (CT) scan confirmed a right jugular vein and right brachiocephalic vein thrombosis already under treatment with eparin.

Patient underwent a first-line chemotherapy with carboplatinum combined with gemcitabine and zoledronic acid. After the first course of chemotherapy, he had to suspend the therapy due to drug induced necrosis in large metastatic lesions, as well as bevacizumab and concurrent mediastinal radiation.1–3

Fistula had also been reported as a complication of chemotherapy in patients with lymphoma.1,6 It has not been reported as a complication after treatment of bronchogenic carcinoma treated with chemotherapy and gemcitabine.

Probably, bronchomediastinal fistula in the case hereby reported might be due to drug induced necrosis in large metastatic adenopathies already presenting as colliquation at baseline CT scan.

REFERENCES

*Department of Radiology, Morgagni Pierantoni Hospital, Forlì, Italy; †Department of Diseases of the Thorax, Morgagni Pierantoni Hospital, Forlì, Italy; ‡Department of Radiology, IRST-IRCCS, Meldola-Forlì, Italy; §Department of Thoracic Surgery, Morgagni Pierantoni Hospital, Forlì, Italy; ¶Department of Oncology, Bellaria Hospital, Bologna, Italy; and †Department of Oncology, IRST-IRCCS, Meldola-Forlì, Italy.

Address for correspondence: Sara Piciucchi, MD, Department of Radiology, Morgagni Pierantoni Hospital, Forlì, Italy. E-mail: piciucchi.sara@gmail.com

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FIGURE 1. Axial computed tomography scan: mediastinal window visualization shows a fistulous tract of the right main bronchus (arrow). Partially visualized bilateral consolidations, mainly in the right hemithorax.

FIGURE 2. Volume rendering reconstruction shows the fistula on the lower side of the right bronchus.

FIGURE 3. Axial computed tomography image with lung window shows wide bilateral parenchymal consolidations, involving mainly lower lobes.

FIGURE 4. Picture of endoscopic procedure confirms the fistula on the right bronchus.