Asymptomatic Endobronchial Metastases of Typical Carcinoid 15 Years after Curative Resection

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The patient was a 71-year-old man who had undergone curative left upper lobectomy and mediastinal lymph node dissection for typical endobronchial carcinoid 15 years previously. Pathologic examination revealed that the tumor was 2.5 × 2.5 cm, polypoid, and located from B4 to the distal part of the left upper bronchus with microscopic invasion into the adjacent alveolar region. The postoperative pathological stage was IA, and no vascular or lymphatic invasion was detected. Thereafter, follow-up had been performed periodically without adjuvant therapy. The patient presented with no symptoms or abnormal findings on routine chest radiography, but he requested examination for recurrence by computed tomographic scan (CT) of the chest 7 years after the last follow-up CT, or 15 years after resection. The chest CT revealed only slight irregularity in the wall of the lower trachea. Unexpectedly, fiberoptic bronchoscopic examination revealed multiple red polypoid tumors with marked visibility and various sizes on the wall from the lower trachea to the left main and the right upper bronchi (Fig. 1), but not in the stump of the left upper bronchus. Pathologic examination of biopsied specimens revealed these tumors to be endobronchial metastases of typical carcinoid. The patient refused treatment but has been carefully followed.

Carcinoid tumors, which comprise typical and atypical carcinoid, account for 0.5 to 1% of all tumors of bronchial origin.1–4 Most typical carcinoids (80–90%) present as stage I lesions, and they rarely exhibit vascular invasion or distant metastasis. Patients with typical carcinoid have an excellent prognosis after adequate resection, with 5- and 10-year survival rates greater than 85 and 80%, respectively. However, the present case suggests that thoracic surgeons and pulmonary oncologists should bear in mind the possibility of asymptomatic metastasis.

FIGURE 1. (A) Multiple red polypoid lesions were found on the anterior wall from the lower trachea to the carina; (B) these lesions also involved the right upper bronchus.
endobronchial metastasis of typical carcinoid and that long-term follow-up after surgery for typical carcinoid is necessary.

REFERENCES

