Metastatic Polyps in the Hepatic Flexura of the Colon

Metastatic tumors of the gastrointestinal (GI) tract are uncommon. Lung cancer very rarely metastasizes to the GI tract, but when in does, the small intestine is the most frequent site (Kim et al., 2009). Among lung cancer subtypes, large and squamous cell carcinomas are the most common to metastasize to the GI tract (Antler, Ough, Pitchumoni, Davidian, & Thelmo, 1982; Kim et al., 2009). Small cell lung cancer metastasis to the GI tract has been reported only rarely. Herein we present a case report of metastatic involvement of the GI tract. To our knowledge, this is the first report of small cell lung cancer metastasis to the stomach and colon.

A 72-year-old woman was admitted with complaints of fatigue, weight loss, and progressive numbness of her extremities. She was a 15 pack-year smoker. Physical examination revealed mild weakness of distal extremities. Laboratory tests showed elevated levels of alkaline phosphatase (810 IU/L), gamma glutamyl transferase (334 IU/L), and CA 72-4 (1,504 U/ml). A chest radiogram revealed metastasis of small cell lung cancer. Computed tomography of the thorax showed infiltration at the right lower lobe of the lung. Bone scintigraphy showed vertebral metastases. Electromyography revealed sensory motor peripheral neuropathy. Chemotherapy with cisplatin and etoposid was initiated. Although the patient had completed five sessions of her chemotherapy regimen, she died of brain metastasis four months after being diagnosed with lung cancer.

Note. The mass was about 30 mm in diameter and erosion was present at the top.

Figure 1. Mass in the Distal Portion of Hepatic Flexura at Colonoscopy

The most common metastatic region of lung cancer is the bone, liver, adrenal gland, bone marrow, and brain. Although GI tract metastasis of lung cancer has been reported at about 10%, the reported incidence of symptomatic GI metastasis is less than 0.5% (Berger et al., 1999).

Clinical presentation of colorectal metastasis includes obstruction, bleeding, intussusceptions, perforation, and fistula. In this case study, the patient was free of any GI complaints and lung cancer was diagnosed after sampling from gastric and colon lesions.