

A Case of Renal Cell Carcinoma Causing Multiple Endobronchial Metastases

Multipl Endobronşiyal Metastazlara Neden Olan Renal Hücreli Karsinom Olgusu

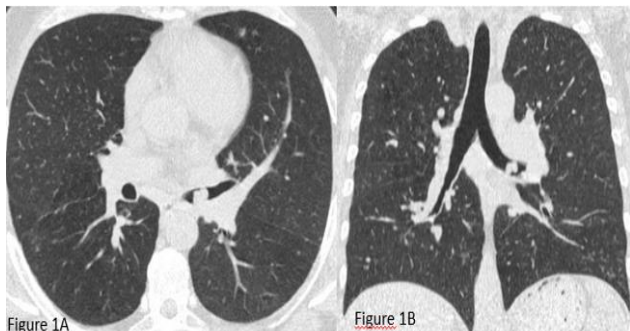
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We wanted to draw attention to the case of renal cell carcinoma, which causes multiple endobronchial metastases, since it is a rare condition. Endobronchial metastasis of extrathoracic tumors is a rare condition. It is 1.1% of all endobronchial malignancies (1,2). In studies, the extrathoracic tumors that most commonly cause endobronchial metastasis are colorectal carcinoma, breast carcinoma and renal carcinoma, respectively. The most common symptoms are shortness of breath, cough and hemoptysis (3,4).

A 57-year-old male patient applied with a complaint of cough for six months. His smoking history was 30 cigarettes/year. Due to the patient's complaint of chronic cough, computed tomography (CT) was performed. In thoracic CT, an endobronchial lesion was observed in the left lower lobe bronchus and the right upper lobe bronchus in coronal and axial sections. (Figure 1A-B)

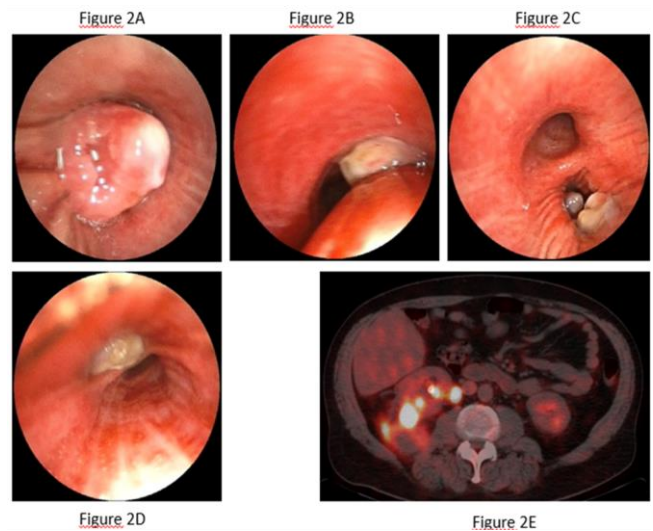
Figure 1: (A-B) Endobronchial lesion at left lower lobe bronchus and the right upper lobe bronchus



The patient underwent bronchoscopy with the preliminary diagnosis of endobronchial lesion. During bronchoscopy, an endobronchial lesion was observed in the left main bronchus (Figure 2A).

An endobronchial lesion was observed at the entrance of the right upper lobe (Figure 2B). An endobronchial lesion was observed at the entrance to the superior segment of the right lower lobe (Figure 2C). An endobronchial lesion was observed at the entrance of the medial segment of the right middle lobe (Figure 2D). A biopsy was taken from the lesion at the entrance of the left lower lobe and the entrance of the right upper lobe. After pathological examination, it was reported as renal cell carcinoma metastasis. In the patient's abdominal CT, a lesion compatible with an exophytic and heterogeneous enhancing mass was observed in the right kidney (Figure 2E).

Figure 2: Endobronchial lesion in the left main bronchus (A), at the entrance of the right upper lobe (B), at the entrance to the superior segment of the right lower lobe (C) and entrance of the medial segment of the right middle lobe (D). Exophytic and heterogeneous enhancing mass in the right kidney (E).



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The patient did not accept the operation and kidney biopsy. He was referred to oncology. Although renal cell carcinoma ranks third among endobronchial metastases in the literature, we wanted to draw attention to the fact that it was the first case in which multiple endobronchial metastases were seen.

Author's Contribution

The authors declare no conflict of interest.

The authors disclose that no grants or support resources were used.

All authors declared their contribution to the study at all stages and approved the final version of the manuscript.

All authors declared that this manuscript has not been published before and is not currently being considered for publication elsewhere.

Written consent was obtained from the patient that her medical data could be published.

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