Dyspnoea in a 72-year-old woman

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DESCRIPTION

A 72-year-old woman presented to our hospital, with progressive shortness of breath and dry cough for 3 months. She denied fever and had no symptoms of cardiopulmonary involvement. She had a history of hypertension. In 2009, the patient had a sigmoid colon carcinoma with synchronous single liver metastasis; both lesions were surgically treated followed by chemotherapy. In 2011, a diagnosis of metachronous solitary lung metastasis was made and a lobectomy performed.

On admission, the patient's chest CT was negative for lesions and laboratory analyses were unremarkable (normal serum level of carcinoembryonic antigen). Fluorodeoxyglucose positron emission tomography/CT revealed a focal uptake of a lesion in the larynx, at the cricoid cartilage level (diameter 11×4 mm; SUVmax=22) (figures 1 and 2). Endoscopic evaluation of the larynx showed a

protruding 10 mm mass at the glottic level causing more than half reduction of the airway. The lesion was sampled and a diagnosis of moderately differentiated adenocarcinoma (CDX2+; CK20+, TTF-1–), suggestive of metastasis from colon cancer, was made. Palliative radiotherapy treatment was administered (30 Gy in 10 fractions). After 6 months, at the end of treatment, the patient was alive, without evidence of recurrence.

Laryngeal metastases are infrequent events, mainly originating from melanoma and kidney tumours,¹ and few cases of colon metastasis have been reported.^{2 3} The standard of treatment for these cases includes both endoscopic and radiotherapeutic approaches. Direct laryngoscopy with laser treatment and debulking of the laryngeal obstructing mass have been proposed. Radiotherapy may represent a valid alternative, allowing prolonged palliation.

Figure 1 Positron emission tomography/CT axial view revealing focal uptake of a 1.1 cm lesion in the larynx, at the cricoid cartilage level (SUVmax=22).

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Figure 2 Positron emission tomography/CT sagittal view of an obstructing lesion at the larynx.

Learning points

- Patients with a history of colon cancer with lung metastasis and symptoms of upper airway involvement should be evaluated for the possibility of metastasis to the larynx.
- In these cases, Fluorodeoxyglucose positron emission tomography/CT may have a crucial role both in the diagnosis and staging.

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Competing interests None declared.

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