Pancoast's syndrome due to metastatic carcinoma from the stomach

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We describe here a case of Pancoast's syndrome due to metastatic carcinoma from the stomach. Although obtaining a tissue diagnosis is often difficult with apical lesions, transbronchial or percutaneous needle biopsy is the procedure of choice since a certain number of these cases are potentially curable.

Key Words: *Gastric cancer; Metastasis; Pancoast's syndrome*

Pancoast's syndrome refers to a condition involving arm pain and Horner's syndrome that is most commonly found in patients with lung cancer of the superior sulcus invading the upper ribs or spine, lower brachial plexus and sympathetic chain (1,2). An extremely rare case of Pancoast's syndrome due to metastatic carcinoma from the stomach is described.

CASE PRESENTATION

An 81-year-old man was referred to our hospital with complaints of neuritis of the left arm for five months, and cough and hoarseness for two months. Four years previously, he underwent a total gastrectomy due to stomach cancer at the same hospital. Examination revealed Horner's syndrome on the left side, dullness of the apex of the left lung and, by chest radiograph and computed tomography scan, a neoplastic infiltration of the upper lobe of the left lung. Transbronchial biopsy of the tumour revealed proliferation of cancer cells to form a microtubular pattern that was similar to that of the original stomach cancer. The patient began chest irradiation and showed a good clinical response with resolution of his constitutional symptoms. After the chest irradiation, the patient was discharged.

DISCUSSION

Most of the thoracic inlet tumours producing Pancoast's syndrome have arisen in the pulmonary parenchyma, but others

Un syndrome de Pancoast-Tobias causé par un carcinome métastatique de l'estomac

Est décrit un cas de syndrome de Pancoast-Tobias causé par un carcinome métastatique de l'estomac. Bien qu'il soit souvent difficile de parvenir à un diagnostic tissulaire en cas de lésions apicales, la biopsie transbronchique ou percutanée à l'aiguille demeure l'intervention de première intention puisque certains cas ont un potentiel de guérison.

have spread from the larynx, pleura and breast (3). The stomach is an extremely unusual site for a metastatic thoracic inlet tumour from extrathoracic malignancy, and only one case has been reported previously (3). A small number of cases of Pancoast's syndrome are caused by metastatic tumours; however, timely diagnosis of these conditions is crucial, because a certain number of these diseases are potentially curable (4,5). Therefore, presumptive diagnosis of lung cancer should not be made without histological proof. Although obtaining a tissue diagnosis is often difficult with apical lesions, transbronchial or percutaneous needle biopsy is the procedure of choice.

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