Management of a squamous cell carcinoma lung with critical central airway obstruction
Case presentation

- A 58 year old farmer chronic smoker presented to emergency at AIIMS Jodhpur, with respiratory distress, facial puffiness and stridor.
- He was having these progressive symptoms for last 20 days. On examination patient was having facial plethora, engorgement of neck vein, tachypnea, tachycardia and bilateral rhonchi.
- Chest X ray showed mediastinal widening. CECT scan showed large heterogeneously enhancing speculated left hilar mass (11x9x11cm) with mediastinal invasion causing secondary encasement and narrowing of bronchovascular structures, superior vena cava and aortic arch branches.
- Liver was mildly enlarged with varying sized hypo-attenuating multisegmental right lobar lesion suggestive of metastases.
- MRI brain and bone scan was not suggestive of metastasis.
Imaging
Case presentation

- White light bronchoscopy revealed swollen vocal cord with critical narrowing of the central airway, causing 75% lumen obstruction with unhealthy mucosa.
- Bronchoscope having 5.9mm diameter couldn’t be negotiated in lower one third of trachea.
- EBUS guided TBNA was done on left upper paratracheal lymph node, which came out to be Non-Small Cell Carcinoma of Lung.
- Liver biopsy showed similar histopathology and IHC was suggestive of Squamous Cell Carcinoma.
- Patient was started on chemotherapy carboplatin and gemcitabine while awaiting for PDL1 and EGFR mutation studies but patient’s respiratory distress and stridor worsened subsequently, so patient was scheduled for elective tracheal stenting.
Case presentation

- Airway stenting with tracheo-bronchial Y stent was completed uneventfully and post procedure patient was relieved of stridor and respiratory distress partially.
- Patient was shifted to high dependency unit post airway stenting.
Clinical Queries ??

- What should be the initial best approach to relieve airway obstruction in case of critical central airway obstruction due to lung cancer (Radiotherapy ± Chemotherapy versus Airway stenting)?
- What should be the initial approach for superior vena cava syndrome in such type of cases who also have airway obstruction?
- Which problem whether central airway obstruction or superior vena cava obstruction should be dealt first?
- Future perspective?
Disclosure

- No conflict of interest
- No disclosures