Second Synchronous Primary Pulmonary Cancer and Tuberculosis

Djellout Mokhtar*

Corresponding Author*

Djellout Mokhtar Department of Pulmonary Medicine, University of Bejaia, Bejaia, Algeria, E-mail: dm mokhtar@hotmail.fr

Copyright: 2021 Mokhtar D. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received 5 Aug 2021; Accepted 19 Aug 2021; Published 26 Aug 2021

Description

Lung cancer is an aggressive tumor that remains the leading cause of death from cancer. Its poor prognosis was attributed to late discovery and its high rate of relapse despite attempts at curative treatment. Patients with lung cancer are at risk of developing a Second Primary Lung Cancer (SPLC). SPLC can be synchronous or metachronous depending on the discovery interval. The association of Lung Cancer (LC) and Pulmonary Tuberculosis (PT) is rare. Numerous studies of PT and LC as co-

morbidities have revealed that active PT is noted in 2-5% of LC cases. We report the case of a patient with DCPP and active TP. It was a 65 years old diabetic (type1) man operated on for a right lung injury process. Extemporaneous histopathological examination revealed squamous cell carcinoma. A lower right lobectomy with lymph node dissection was performed. After adjuvant chemotherapy an excavated lesion of the remaining lobe (right upper lobe) was discovered. The cytology of the aspiration fluid and the search for Koch Bacilli (BK) by bronchial fibroscopy were negative. It was BK's research in sputum post fibroscopy that revealed that it was an active TP. An anti tuberculosis treatment has been introduced with a good evolution. At the end of the treatment the control chest CT showed a contra lateral tissue process, the left lower lobe. For this last process, the patient underwent pulmonary excision with lymph node dissection. It was a lung adenocarcinoma.

We considered this second lung cancer as the second primary synchronous lung cancer because the interval of discovery was less than two years. We suppose that active pulmonary tuberculosis has been promoted by immunosuppression induced by adjuvant chemotherapy. Continuous follow-up after the completion of lung cancer treatment (surgery and chemotherapy) is crucial for monitoring complications, recurrences, but also a second primary lung cancer or pulmonary tuberculosis. A new disease would ideally be detected and treated as soon as possible.

Cite this article: Djellout Mokhtar. "Second Synchronous Primary Pulmonary Cancer and Tuberculosis". Oncol Cancer Case Rep, 2021,7(9),001-001.