

# Small intestinal metastasis from primary lung cancer

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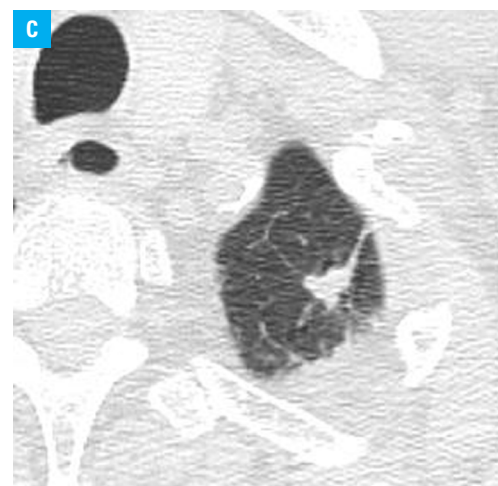
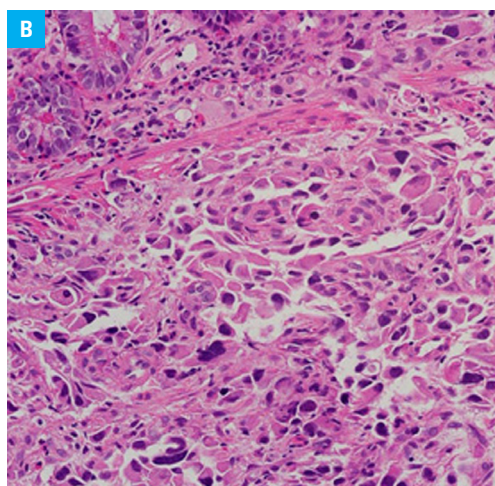
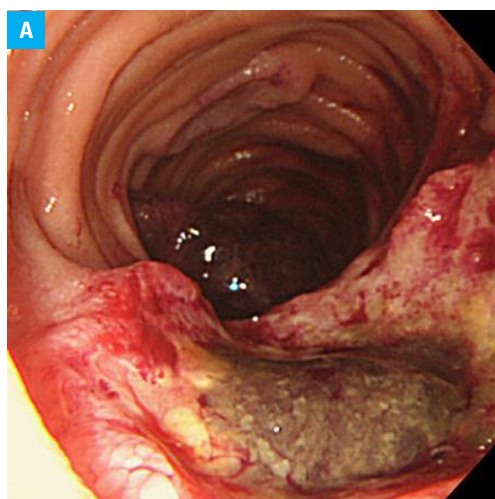
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A 75-year-old man with angina pectoris presented with melena and anemia. Esophagogastroduodenoscopy and colonoscopy detected no abnormalities. Capsule endoscopy disclosed a polypoid mass with bleeding stigmata in the small intestine. Enteroscopy showed multiple bleeding semicircular tumors and submucosal masses in

the jejunum, suggesting a metastasis (FIGURE 1A). A biopsy examination revealed a poorly differentiated metastatic adenocarcinoma consistent with lung origin (FIGURE 1B), supported by immunohistochemical staining of thyroid transcription factor 1 and cytokeratin 7. A computed tomography scan demonstrated an irregular mass at the apical lobe of the left lung, suggesting the primary lung cancer (FIGURE 1C). The patient received palliative care and died 2 months later. An autopsy confirmed the primary lung adenocarcinoma (10 mm in diameter) with a small intestinal metastasis.

Lung cancer widely metastasizes to the liver, bone, and brain; however, its symptomatic metastasis to the small intestine is extremely rare.<sup>1</sup> A bull's eye lesion is a well-known feature of gastrointestinal metastasis,<sup>2</sup> as shown in this case.



**FIGURE 1** A – an enteroscopic finding of multiple bleeding tumors, suggesting metastasis; B – the pathological finding of poorly differentiated metastatic adenocarcinoma; C – a computed tomography scan demonstrating a mass of the left lung, suggesting primary lung cancer

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