

Endoscopic resection of an endobronchial hypernephroma metastasis using a polypectomy snare

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Endoscopic resection of an endobronchial hypernephroma metastasis using a polypectomy snare. D. Themelin, P. Duchatelet, W. Boudaka, V. Lamy.

ABSTRACT: A 69 yr old male patient developed an acute respiratory distress. The emergency bronchoscopic examination showed a polypoid tumour obstructing the left main bronchus. A snare used for colorectal polypectomy was introduced through the bronchofibrescope to remove the tumour. The patient then dramatically improved. No side effects were observed. Histopathological examination showed metastasis from a hypernephroma. This simple technique is useful for bronchial deobstruction, when the tumour is accessible with a snare.

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Several methods are proposed to treat endobronchial tumours: electrocoagulation, forceps, intratumoral ethanol injections and, most importantly, laser [1, 2]

Only a few cases using diathermic snare are reported [3, 4]. Nevertheless this technique would certainly be proposed as a good alternative to laser or other related methods.

Case report

A 69 yr old man was admitted in emergency with acute respiratory distress. He was previously followed for three cancers: in May 1987 a right colectomy was performed for a Dukes B adenocarcinoma, in June 1987 he was simultaneously operated for a spinocellular epithelioma of the penis and for hypernephroma of the right kidney. The follow-up to August 1988 showed a cutaneous metastasis from the hypernephroma which was surgically removed, and a first endobronchial metastasis which was treated with laser photocoagulation (Erasmus Hospital, Free University of Brussels).

On admission, the X-ray film showed a total left lung atelectasis. Emergency bronchoscopic examination showed that the main left bronchus was obstructed by a whitish tumour (fig. 1).

After a short consultation between the pulmonary and digestive endoscopic team, it was decided to use a polypectomy snare through the channel of the bronchofibrescope (fig. 2). The procedure was the same as used to remove colorectal polyps during colonoscopy. It was easy and successful (fig. 3). The patient immediately improved. The chest X-ray was also normalised. No complication was seen.

The histopathological examination of the tumour confirmed that it was also an hypernephroma metastasis.

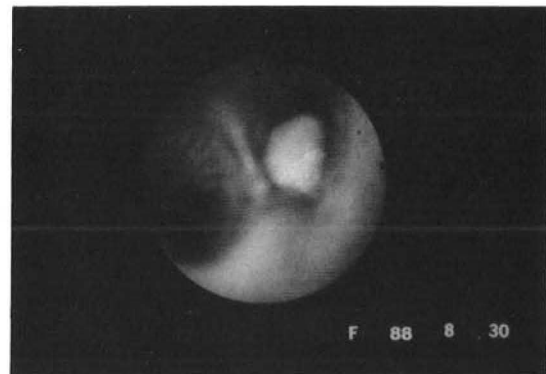


Fig. 1. - View of the left bronchus obstructed by a polypoid tumour.

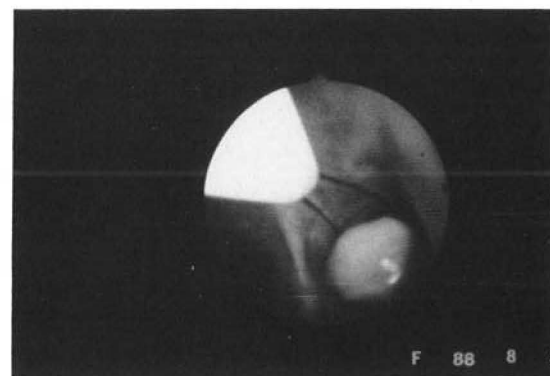


Fig. 2. - View of the polypectomy snare introduced through the channel of the bronchofibrescope and surrounding the polypoid tumour

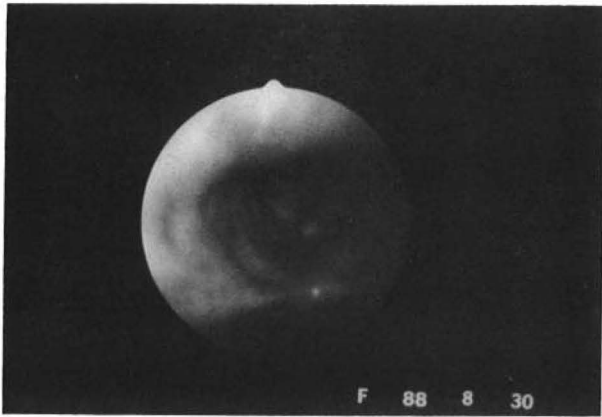


Fig. 3. - View of the left bronchus after removal of the tumour.

Discussion

This case shows that a diathermic snare, usually used for colorectal polyps, can also be used for endobronchial tumour clearance. This technique is particularly useful in emergency, for a palliative treatment. It can be used in all situations where the tumour is polypoid and can be caught with a snare.

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Réséction endoscopique d'une métastase endobronchique d'hypernéphrome grâce à une anse à polypectomie. D. Themelin, P. Duchatelet, W. Boudaka, V. Lamy.

RÉSUMÉ: Un patient âgé de 62 ans est admis en détresse respiratoire aiguë. L'endoscopie effectuée en urgence montre l'existence d'une tumeur polypoïde obstruant la bronche souche gauche. L'anse utilisée pour les polypectomies colorectales est introduite à travers le bronchoscope pour extirper la tumeur. Le patient s'améliore rapidement sans complication. Cette technique simple est utile pour effectuer des déobstructions endobronchiques lorsque la tumeur est pédiculée et accessible à l'anse à polypectomie.

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