European Respiratory Society
Annual Congress 2012

Abstract Number: 4561
Publication Number: P2425

Abstract Group: 8.1. Thoracic Surgery

Keyword 1: Embolism Keyword 2: Thoracic oncology Keyword 3: Circulation

Title: Extremely rare complication of pulmonary resection: Systemic tumor embolization (A case report)

Dr. Hasan 29366 Caylak hcaylak@gata.edu.tr MD 1, Dr. Kuthan 29367 Kavakli kkavakli@gata.edu.tr MD 1, Dr. Ersin 29368 Sapmaz esapmaz@gata.edu.tr MD 1, Dr. Sezai 29369 Cubuk scubuk@hotmail.com MD 1, Dr. Hakan 29370 Isik hakani@hotmail.com MD 1, Dr. Okan 29377 Karatas okaratas@gata.edu.tr MD 1, Dr. Sedat 29378 Gurkok sgurkok@gata.edu.tr MD 1, Dr. Alper 29385 Gozubuyuk agozubuyuk@gata.edu.tr MD 1, Dr. Orhan 29393 Yucel orhanycl@gmail.com MD 1 and Dr. Onur 29394 Genc ogenc@gata.edu.tr MD 1. 1 Thoracic Surgery, Gulhane Military Medical Academy, Ankara, Turkey, 06180.

Body: Introduction: Determining of systemic tumor embolization during pulmonary resection is a rarely seen situation. Tumor emboli of metastatic tumors of the lung are extremely rare unlike to primary lung cancers. Herein, we presented a case of systemic tumor emboli during metastasectomy of Ewing's sarcoma. Case Report: A 41-year-old man underwent chest wall resection for Ewing's sarcoma of the anterior chest wall. Then he was followed-up for three months period. The patient underwent metastasectomy for nodular lesion of right lower lobe after four years from initial resection. He was hospitalized again for the symptoms of dyspnea and pleuritic chest pain six months after the first metastasectomy. Computerized thorax tomography was revealed metastatic recurrence involving the entire right lower lobe. Then the patient underwent a right lower lobectomy. In the operation, when we divided the right lower pulmonary vena after dissection, we did not see any bleeding. In second postoperative day, he had a severe left leg pain. There was no pulsation of dorsalis pedis artery and the lower extremity ultrasonography was revealed no flow. He underwent embolectomy of left commom iliac artery for two times within one week. The histopathologic examination of embolus was revealed a metastasis of Ewing's sarcoma. He was died one month later from his embolectomy operations. Conclusion: Systemic tumor embolization after pulmonary resections in the early postoperative period should be considered in mind especially in patient with central large tumors.