

DIJAGNOSTIČKI PROBLEMI KOD PACIJENATA SA KARCINOMOM BRONHA - PRIKAZ SLUČAJA

DIAGNOSTIC PROBLEMS IN PATIENTS WITH BRONCHIAL CANCER - CASE REPORT

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SAŽETAK

Uvod: Karcinom bronha, naročito u svojim ređim histološkim oblicima, može predstavljati ozbiljan dijagnostički izazov, ne samo zbog atipične prezentacije, već i zbog ograničenja u dostupnosti savremenih dijagnostičkih metoda. Kašnjenje u verifikaciji dijagnoze direktno utiče na terapijsku strategiju i prognozu pacijenata. Cilj ovog rada je prikazati dijagnostičke poteškoće kod pacijenta sa jasno izraženim kliničkim i radiološkim znacima bronhogennog karcinoma, kod koga je postavljanje konačne patohistološke dijagnoze prolongirano zbog neslaganja patologa i tehničkih ograničenja.

Prikaz slučaja: Pacijent star 60 godina, sa pušačkim stažom od 40 paklo/godina i kliničkim simptomima kašalj, zamaranje, malaksalost i krv u stolici. Pacijent ser leči od Adenokarcinoma kolona, a u cilju procene stejdžinga učinjena je grafija grudnog koša na kojoj je uočena tumorska senka u gornjem desnom režnju. Učinjena je bronhoskopija, a zatim, zbog nereprezentativnosti materijala i rebronhoskopija. Biopsijski materijal je poslat patološkoj službi i postavljena je dijagnoza suspektnog Adenokarcinoma, međutim, preciznija dijagnoza nije određena zbog nedostatka imunohistochemijskih bojenja. Urađena je revizija patološkog nalaza u ustanovi višeg ranga, ali bez definitivne potvrde. Konačna dijagnoza postavljena je tek nakon 247 dana, kada je u drugoj ustanovi višeg ranga konačno postavljena dijagnoza retke forme nesitnoćelijskog karcinoma bronha.

Zaključak: Ovaj slučaj osvetljava kompleksnost dijagnostike retkih tumora disajnih puteva i ističe značaj dostupnosti savremenih dijagnostičkih metoda (imunohistochemija, molekularne analize). Takođe ukazuje na potrebu bolje saradnje između ustanova i potrebu za opremanjem patohistoloških laboratorija savremenim dijagnostičkim metodama. Kod pacijenata sa klinički očiglednim karcinomom, odsustvo patohistološke potvrde ne sme dovesti do prolongiranog čekanja na terapiju. Obezbeđivanje brže dostupnosti naprednih dijagnostičkih metoda i uspostavljanje jasnih protokola za obradu nespecifičnih nalaza ključno je za pravovremeno lečenje.

Glavne reči: karcinom bronha, dijagnostičke poteškoće, dostupnost savremenih metoda

ABSTRACT

Introduction: Bronchial carcinoma, especially in its rarer histological forms, can represent a serious diagnostic challenge, not only due to its atypical presentation, but also due to limitations in the availability of modern diagnostic methods. The delay in verifying the diagnosis directly affects the therapeutic strategy and prognosis of patients. The aim of this paper is to present the diagnostic difficulties in a patient with clearly expressed clinical and radiological signs of bronchogenic carcinoma, in whom the establishment of the final pathohistological diagnosis was prolonged due to the disagreement of pathologists and technical limitations.

Case report: A 60-year-old male patient with a smoking history of 40 pack/year and clinical symptoms of cough, fatigue, malaise, and blood in the feces. The patient is being treated for adenocarcinoma of the colon, and in order to evaluate the staging, a chest x-ray was performed, on which a tumor shadow was observed in the upper right lobe. A bronchoscopy was performed, and then, due to the unrepresentativeness of the material, a rebronchoscopy was performed. The biopsy material was sent to the pathology service and a diagnosis of suspected Adenocarcinoma was made, however, a more precise diagnosis was not determined due to the lack of immunohistochemical staining. A review of the pathological findings was performed in a higher-ranking institution, but without definitive confirmation. The final diagnosis was made only after 247 days, when a diagnosis of a rare form of non-small cell carcinoma of the bronchus was finally made in another institution of higher rank.

Conclusion: This case sheds light on the complexity of diagnosing rare tumors of the respiratory tract and highlights the importance of the availability of modern diagnostic methods (immunohistochemistry, molecular analysis). It also indicates the need for better cooperation between institutions and the need to equip pathohistological laboratories with modern diagnostic methods. In patients with clinically evident cancer, the absence of pathohistological confirmation must not lead to prolonged waiting for therapy. Ensuring faster availability of advanced diagnostic methods and establishing clear protocols for handling non-specific findings is key to timely treatment.

Key words: bronchial carcinoma, diagnostic difficulties, availability of modern methods