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Adenoid Cystic Carcinoma of the Bronchus - An Extremely Rare Malignancy †

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Abstract: Adenoid cystic carcinoma (ACC) of the bronchus is a rare salivary gland-type malignant entity that infrequently occurs as a primary airway tumor. It represents only 0.04-0.2% of all respiratory tract cancers and is a slowly growing tumor. A 40-year-old man, ex-smoker (30PY), was admitted with shortness of breath and nonproductive cough developed 6 months ago and hemoptysis in the last days. He was misdiagnosed with asthma and treated with bronchodilators. HRCT scan demonstrated a large polypoid intraluminal mass arising from the left main bronchus within 8 mm of the carina, without mediastinal adenopathies. This tumor was in close contact with the esophagus, but superior digestive endoscopy didn't identify local infiltration. A flexible-bronchoscopy showed an irregular protruded mass that causing obstructed with 40% of the lumen of the proximal left main-stem bronchus—histopathological exam of a bronchial biopsy - cribriform and pseudo-tubular patterns of ACC. The tumor is considered resectable (T1cN0M0-IA3) due to its local extension. Surgical resection of the complete mass with end-to-end anastomosis between the trachea and distal bronchus was done. However, adjuvant radio- and chemotherapy have been used. Despite this, the local and distant metastasis had developed (abdominal/pelvis MRI, PET/CT scan, bone scintigraphy). ACC, due to its low incidence, may miss an early diagnosis and thus lead to a delay in the treatment. Surgical resection followed by radiotherapy is a widely recommended protocol for treating these localized tumors and provides the best chance of prolonged survival.

Keywords: bronchus; adenoid cystic carcinoma; immunohistochemistry; survival.

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Conflicts of Interest

The authors declare no conflict of interest.