

AB183. 142. An unusual presentation of lung cancer presenting as a ruptured groin mass

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Background: A 58-year-old male patient presented with a four-week history of an enlarging groin mass which ruptured causing bleeding and severe pain. In the months prior to admission, he reported unquantified weight loss and increasing dyspnoea. Based on the appearance of the groin mass, an initial diagnosis of sarcoma was made. Biopsy revealed squamous cell carcinoma. The decision was made not to debulk the mass due to the high risk of bleeding, and the patient received 5 fractions of radiotherapy.

Methods: This patient was investigated using staging computed tomography and biopsy of both the groin and

hilar mass.

Results: A staging computed tomography showed a left hilar mass and lytic bone lesion. Histology of both the groin and hilar mass showed features consistent with that of squamous cell carcinoma. A diagnosis of stage IV lung carcinoma was made. The patient received five fractions of palliative radiotherapy to the groin mass, which improved pain.

Conclusions: Non-small cell lung cancer (NSCLC) patients often present with distant metastasis at the time of diagnosis. The most common site is bone, followed by lung, brain, liver and adrenal glands. However, extrathoracic lymph node metastasis remains a relatively uncommon clinical finding in NSCLC. This is a report of a rare presentation of NSCLC as a groin mass. A rare extra-pulmonary manifestation of non-small cell lung cancer reminds us to investigate thoroughly to exclude more unusual causes.

Keywords: Squamous cell carcinoma; groin mass; lung cancer

doi: 10.21037/map.2019.AB183

Cite this abstract as: Bradfield L, Awan FN. An unusual presentation of lung cancer presenting as a ruptured groin mass. *Mesentery Peritoneum* 2019;3:AB183.