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Lung cancer case presented with paraneoplastic dermatomyositis

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Paraneoplastic syndrome is a group of signs and symptoms that are not directly associated with tumor metastasis and caused by hormones or cytokines that are produced by a tumor or in reaction to a tumor. Here we presented a lung cancer case with a paraneoplastic dermatomyositis as a clinical evidence.

Keywords: paraneoplastic syndrome, lung cancer, dermatomyositis

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ӨКПЕНІҢ ҚАТЕРЛІ ІСІГІНДЕ ПАРАНЕОПЛАСТИКАЛЫҚ ДЕРМАТОМИОЗИТТІҢ КЕЗДЕСУІНІҢ КЛИНИКАЛЫҚ ЖАҒДАЙЫН СИПАТТАУ

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Паранеопластикалық синдром қатерлі ісіктің метастаз беруімен тікелей байланысты емес симптомдар тобы болып табылады. Әдетте олар ісік тінінен бөлінген цитокиндердің немесе гормондардың әсерінен, кейде жалпы ісіктік процеске жауап реакциясы ретінде дамиды. Берілген мақалада біз тәжірибеде өкпенің қатерлі ісігінде паранеопластикалық дерматомиозиттің кездесуін клиникалық жағдай ретінде ұсынып отырмыз.

Маңызды сөздер: паранеопластикалық синдром, өкпенің қатерлі ісігі, дерматомиозит.

ОПИСАНИЕ КЛИНИЧЕСКОГО СЛУЧАЯ РАКА ЛЕГКИХ С ПАРАНЕОПЛАСТИЧЕСКИМ ДЕРМАТОМИОЗИТОМ

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Паранеопластический синдром представляет собой группу симптомов, которые не связаны непосредственно с метастазированием опухоли. Обычно они вызваны либо гормонами или цитокинами, которые производятся новообразованием, либо как ответная реакция на опухолевый процесс. В данной статье мы представили случай рака легких с паранеопластическим дерматомиозитом в качестве клинического случая.

Ключевые слова: паранеопластический синдром, рак легких, дерматомиозит.

INTRODUCTION

Paraneoplastic syndromes are remote signs of cancer and might be detected before, during or after the diagnosis of a primary cancer and caused by hormones or cytokines that are produced by a tumor or in reaction to a tumor.

CASE

Seventy seven years old male patient was admitted, with neck, back, upper and lower extremity rash, which arose about 2 months prior to visit. His symptoms were weight loss, difficulty in climbing stairs, productive cough and dyspnea. He was on warfarin therapy because of heart valve surgery. He was a smoker and alcohol consumer. He had hyperemic lesions on his back and especially on the proximal part of the extremities. C-reactive protein 9.1 mg/l, sedimentation 15 mm/h, hemoglobin 14.1 g/dl, platelet 253×10^3 , creatine kinase 1759 U/L, aspartate aminotransferase 175 U/L, alanine aminotransferase 59 u/L, lactate dehydrogenase 803 U/L ve antinuclear antibodies

were positive in his test results. Mixt polyneuropathy with significant motor component, denervation findings accompanied by frequent low amplitude polyphasic motor unit potentials reported in bilateral lower extremity electromyography. A muscle biopsy was performed. Prior to the pathology results we began steroid therapy which the patient responded favorably. Pathology results show skeletal muscle tissue with common atrophic changes. Bronchoscopy was performed due to dyspnea and cough symptoms, resulting consistent with nonsmall cell lung cancer.

DISCUSSION

The pathological background of paraneoplastic syndrome is unknown. Tumor may manifest through various systems including musculoskeletal, gastrointestinal, endocrine, dermatological and neuromuscular system [1]. Hyponatremia, Cushing's syndrome, hypocalcemia,

gynecomastia are some of these syndromes and the vast majority of cases are associated with cancers originated from the lung, breast, lymphatic system and ovaries. Paraneoplastic syndromes might be detected before the diagnosis of a primary cancer [2].

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