LETTER to the EDITOR

Careful Diagnosis of Aortic Invasion in Patients with Lung Cancer Using Modern Diagnostic Imaging

Asian Pac J Cancer Prev, **16 (5)**, 2105

Dear Editor

We read with great interest the article by Arslan et al. (2014) and were impressed with the content. Locally advanced lung cancer, such as T4 tumors, has a significantly worse prognosis than earlier stage disease, and selecting the proper treatment strategy for these tumors is difficult (Uramoto et al., 2014). Nevertheless, information regarding the treatment of T4 lung cancers remains limited. Recently, we experienced a case in which the patient had a 9-cm left lower lobe cancerous lesion that was both wide and long, abutting the descending aorta. No clear fat plane was visible between the aorta and cancer mass (Figure 1). However, an intraoperative assessment showed the resectability of the lesion, without invasion. Left lower lobectomy combined with resection of six to eight ribs and partial resection of the left upper lobe plus standard lymph node dissection without transfusion was performed. Physicians should pay attention to the possibility of aortic invasion even if the angle in contact with the tumor indicates a wide field of view without lymph node metastasis, in order to provide a chance for a cure (Misthos et al., 2007). Prospective research may produce new information regarding the use of modern-era computed tomography to preoperatively assess the invasion of lung cancer into adjacent structures.

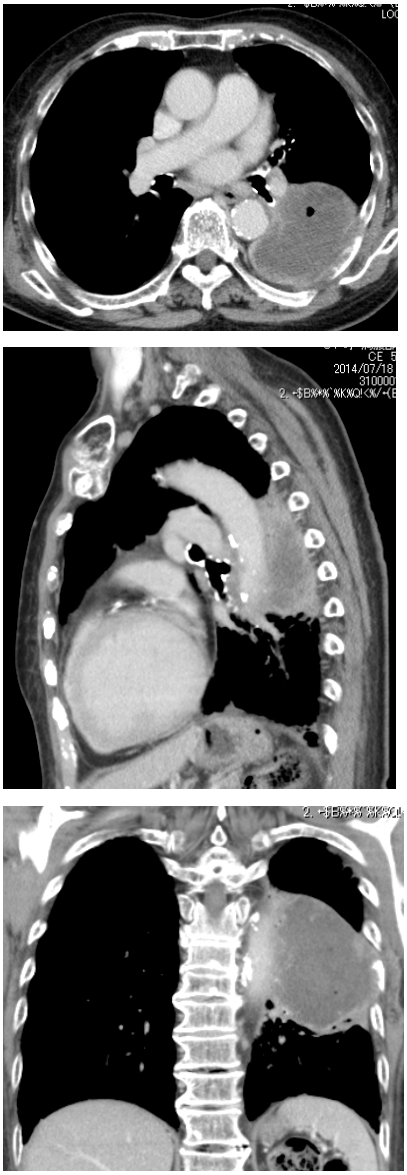

Figure 1. Computed Tomography Findings

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