An Unusual Association of Lung and Ovarian Malignancy in a Young Nonsmoker Female

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ABSTRACT
Lung cancer in a 25-year-old nonsmoker female is extremely rare. Ovarian malignancy in this age group is also infrequent and if occurs, is usually of germ cell type. If a patient presents with both lung and ovarian mass, the initial impression is the metastasis from one organ to the other. Chest X-ray, ultrasonogram, whole abdomen, CT scan of thorax and abdomen, bronchoscopic biopsy of lung mass and excision biopsy of ovarian mass are all needed to accurately diagnose condition. Therapy is also challenging for such patients. After accurate diagnosis for both the organs, surgery, chemotherapy, or radiotherapy should be considered after individualization of the case. Squamous cell carcinoma lung in advanced stage associated with early stage ovarian serous cystadenocarcinoma has not been described in literature. The rarity of the case, absence of cigarette smoking or radiation exposure, negative family history, unusual association and fatality of the cases prompted us to report this case.

Keywords: Cystadenocarcinoma, Lung Cancer, Ovarian Malignancy, Ovarian Mass, Squamous Cell Carcinoma Lung

INTRODUCTION
Squamous cell carcinoma in young female is rare, particularly in non-smokers, that too in advanced stage. On the other hand, serous cystadenocarcinoma ovary is also infrequent in 20-30 years of age. Infrequently lung cancer may spread to the ovaries and vice versa. We report an unusual case of bronchogenic carcinoma of squamous cell type along with serous cystadenocarcinoma ovary in young female nonsmoker patient, which has not been reported earlier in literature.

CASE DETAILS
A 25 year old unmarried lady was admitted to our department with complaints of abdominal swelling for one month, anorexia, occasional pain abdomen & vomiting. She had chest pain and haemoptysis 9 months back. Chest X-ray done at that time showed homogeneous opacity in lower zone of the left lung and CT scan showed irregular mass in left lower zone, right lung field normal and few mediastinal lymph nodes (Figure 1 and Figure 2).

At this point of time author SD posted the case in a web based discussion forum and fol-
Figure 1. Chest X-ray of the patient at initial presentation showing left sided homogeneous opacity in the lower zone with collapse of the lung

Figure 2. Histopathological slide of lung tumour showing moderately differentiated squamous cell carcinoma of bronchus
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