Enhanced Tumor Response to Palliative Radiotherapy with Crizotinib in a Patient with Metastatic Non-Small Cell Lung Cancer

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Clinical Image

A 52-year-old Caucasian woman with a smoking history of 15 pack-years presented to her family practitioner because of pain in the left shoulder. She had been using crutches after amputation of the lower right limb due to arterial occlusive disease. Diagnostic radiography of the left shoulder remained non-conclusive. Persisting pain, progressive weakness, and edema of the left arm developed, and skin alterations led a contrast-enhanced computed tomography of the thorax and the left shoulder. A primary tumor of the left lung and metastatic disease to the left scapule and periarticular tissue was revealed. Histology was obtained (Figure 1) and showed undifferentiated non-small cell lung cancer, positive for an ALK mutation by immunohistochemistry. Fractionated radiotherapy of daily 3 Gy for 10 fractions was performed together with crizotinib. At the last day of radiotherapy, remarkable regression was observed (Figure 2). As the primary lung tumor seemed to regress slightly, as well on a control radiograph of the chest, crizotinib was continued. However, the patient succumbed to her metastatic disease six months after the end of radiotherapy due to visceral progression.

Figure 1: Presentation prior to therapy. The patient presented with extensive infraction of the left shoulder involving the skin.

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Figure 2: Presentation after radiotherapy and initiation with a tyrosin kinase inhibitor. At the last day of 10 consecutive days of radiotherapy started together with critozininb, complete response of the manifestation in the skin is shown.