암재활

게시일시 및 장소 : 10 월 19 일(토) 08:30-12:30 Room G(3F)

질의응답 일시 및 장소 : 10 월 19 일(토) 11:00-11:30 Room G(3F)

P 3-120

NSCLC patient with undefined causes of dysphagia deterioration related to anti-Hu Ab, a case report

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Paraneoplastic syndrome related to the anti-Hu antibody is often positive in small cell lung cancer and is typically associated with sensory neuronopathy or cerebellar degeneration. The presence of an anti-Hu antibody in non-small cell lung cancer is often rarer, and the clinical manifestations when anti-Hu antibody in these patients is detected, have not been reported before. Also, the relationship between the anti-Hu antibody and dysphagia has rarely been reported. Herein, we report a rare case of atypical dysphagia in a patient with non-small cell lung cancer who showed positive for the anti-Hu antibody.

A 73-year-old Korean male who went through operations for both recurrent tongue cancer and non-small cell lung cancer. He had previously undergone right partial glossectomy with right selective neck dissection(I-III) and post-op ERT on tumor 3 years prior. For the recurrent tongue cancer and non-small cell lung cancer, he went through total glossectomy with modified radical neck dissection, tracheotomy. Immediately after the operation, the patient complained of minimal dysphagia, but progressively, he showed a deterioration of swallowing. At the same time, he received postoperative radiotherapy in minimal amount and range (5040 cGy/28 fx on Rt. tongue flap and Lt. neck lymphatics level IV-Vb). Videofluoroscopy swallowing study (VFSS) showed severe dysphagia with severe involvement in the pharyngeal stages with severe pharyngeal trigger delay and inadequate cricopharyngeal muscle relaxation with severe aspiration. These findings showed discrepancies to those from post-radiotherapy changes expected at the oral stages. To exclude other causes of dysphagia, evaluations including a Neck CT angiography and brain MRI (enhance) was performed, which all showed negative findings. EMG and NCS showed non-specific findings. Paraneoplastic antibody serum study was performed, which showed positive for the anti-Hu antibody. A follow-up of VFSS showed the deterioration of swallowing despite dysphagia rehabilitation. The patient showed a rapid functional decline with spreading of a new tumorous lesion at the left upper lung.

Our case presents a rare case of anti-Hu antibody related to non-small cell lung cancer that presented with aggravation of swallowing performance. The rapid clinical decline manifested in our case shows that the presence of anti-Hu antibody can indicate poor prognosis and clinicians should be cautious when dysphagia is present in such cases.

Keywords: Dysphagia, Anti-Hu, Non small cell lung cancer, Paraneoplastic syndrome

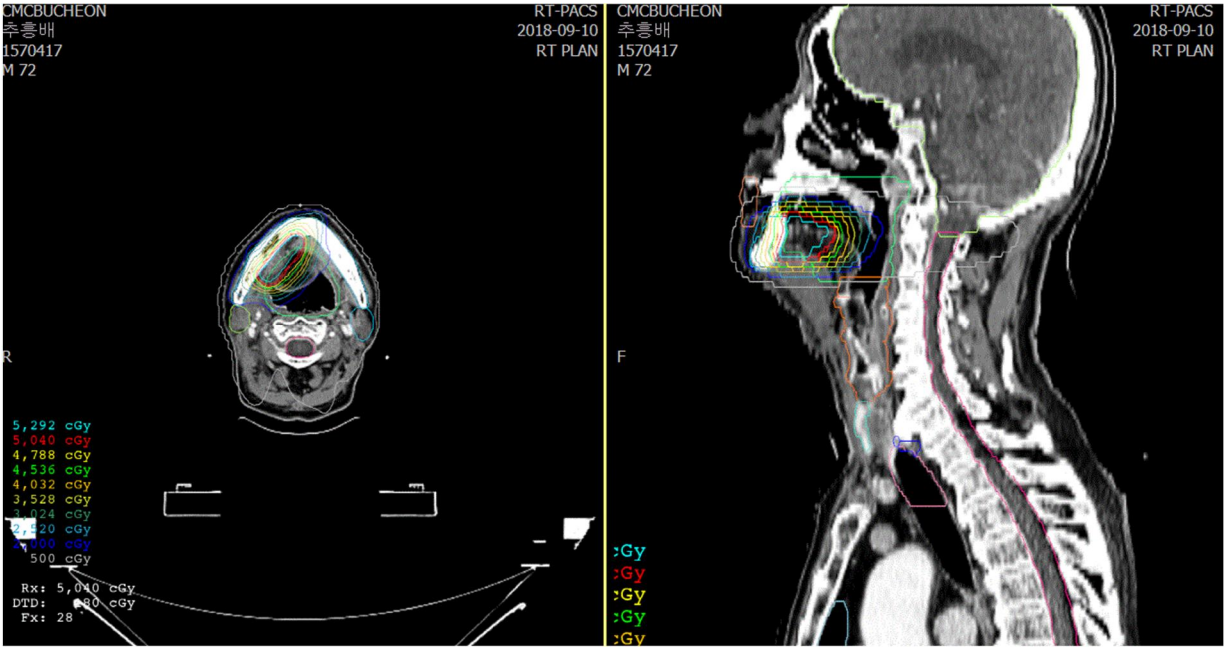

Figure. 1 Radiotherapy target site-sagittal view

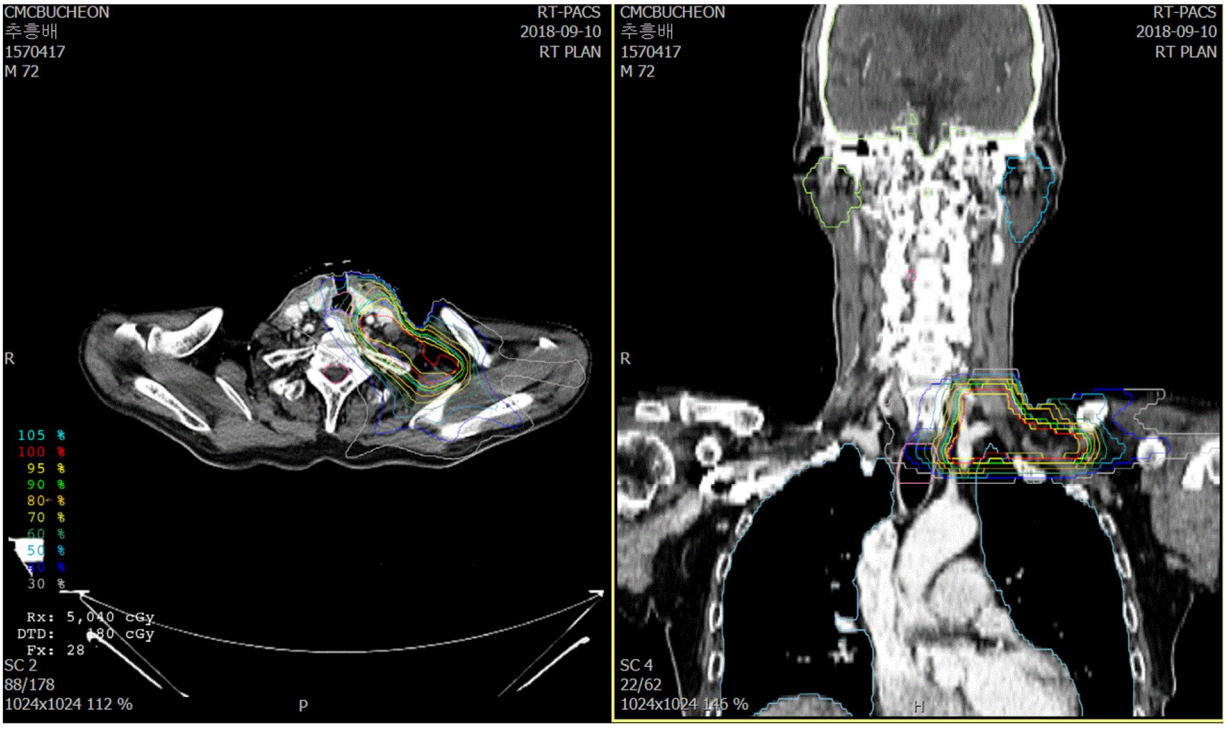

Figure. 2 Radiotherapy target site-coronal view

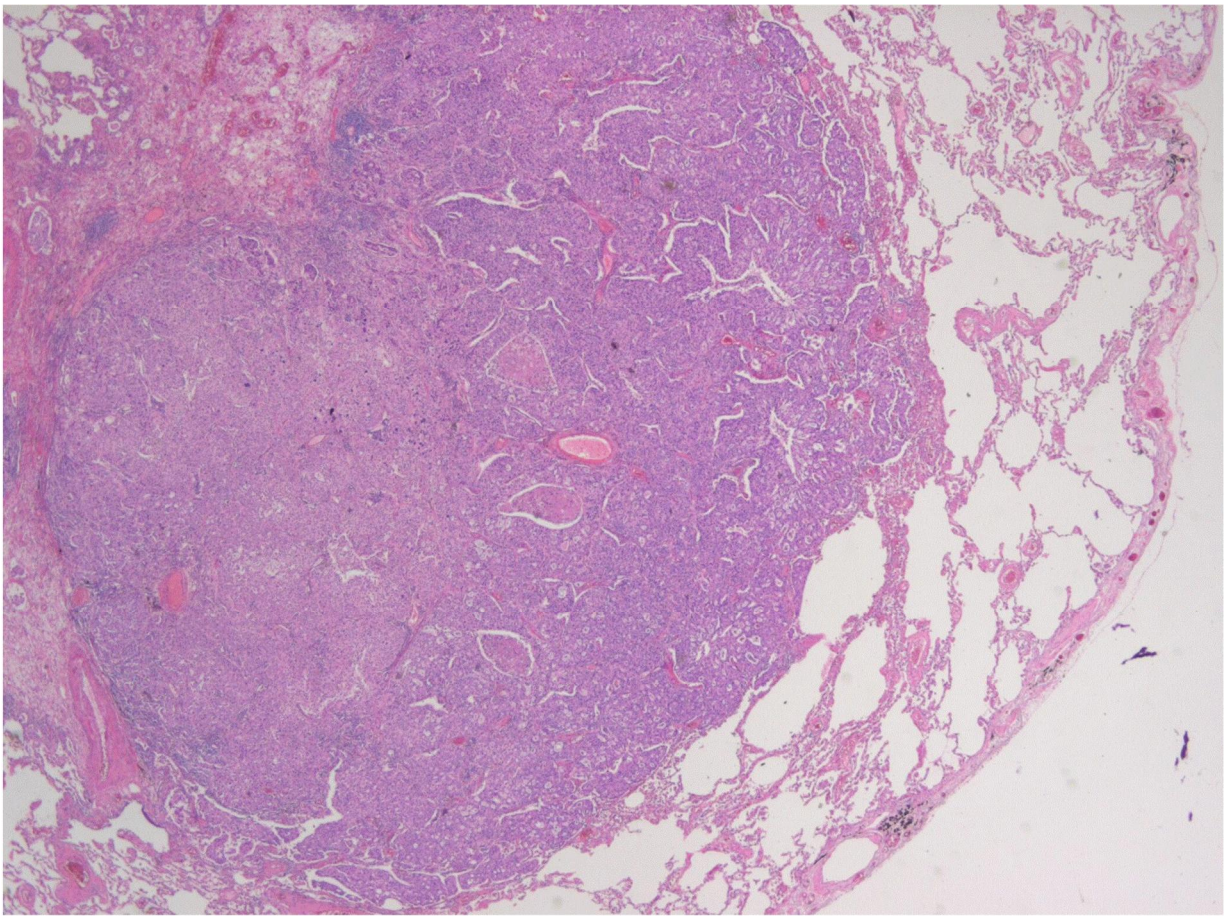

Figure. 3 Biopsy of left upper lobe mass showing poorly differentiated squamous cell carcinoma(star) and right lower lobe mass showing adenosquamous cell carcinoma. (asterisk).magnification x20