

QUESTION
 A 65-year-old male patient with a long history of hypertension and hyperlipidemia presents to the clinic with a 2-week history of increasing fatigue, weight loss, and intermittent fevers. He reports a recent episode of coughing up blood. Physical examination reveals a 2-cm, firm, nontender nodule in the right upper lobe. Laboratory studies show hemoglobin 10 g/dL, hematocrit 30%, and erythrocyte sedimentation rate 45 mm/h. A chest CT scan shows a 2-cm, spiculated nodule in the right upper lobe. A PET scan shows increased uptake in the nodule. A biopsy of the nodule shows a poorly differentiated carcinoma. The patient is diagnosed with primary lung cancer.

ANSWER
 The patient's presentation is consistent with primary lung cancer. The most common type of lung cancer is non-small cell lung cancer (NSCLC), which accounts for approximately 85% of all lung cancer cases. The patient's symptoms, including fatigue, weight loss, and coughing up blood, are common in NSCLC. The physical examination finding of a 2-cm, firm, nontender nodule in the right upper lobe is also consistent with NSCLC. The laboratory studies, including the hemoglobin, hematocrit, and erythrocyte sedimentation rate, are abnormal, suggesting a systemic process. The chest CT scan and PET scan findings are also consistent with NSCLC. The biopsy of the nodule shows a poorly differentiated carcinoma, which is characteristic of NSCLC.

ANSWERS

The patient's presentation is consistent with primary lung cancer. The most common type of lung cancer is non-small cell lung cancer (NSCLC), which accounts for approximately 85% of all lung cancer cases. The patient's symptoms, including fatigue, weight loss, and coughing up blood, are common in NSCLC. The physical examination finding of a 2-cm, firm, nontender nodule in the right upper lobe is also consistent with NSCLC. The laboratory studies, including the hemoglobin, hematocrit, and erythrocyte sedimentation rate, are abnormal, suggesting a systemic process. The chest CT scan and PET scan findings are also consistent with NSCLC. The biopsy of the nodule shows a poorly differentiated carcinoma, which is characteristic of NSCLC.