

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 2.5-cm spiculated nodule in the right upper lobe. What is the most likely diagnosis?

- ANSWER**
 (A) Squamous cell carcinoma
- (B) Adenocarcinoma
 (C) Small cell carcinoma
 (D) Bronchioloalveolar carcinoma
 (E) Metastatic disease

EXPLANATION

The patient's symptoms and physical findings are consistent with a primary lung malignancy. The most likely diagnosis is squamous cell carcinoma, which is the most common type of non-small cell lung cancer. Squamous cell carcinoma typically presents as a central, spiculated nodule, often with associated symptoms such as coughing up blood, weight loss, and fatigue. The patient's history of hypertension and hyperlipidemia does not increase the risk of lung cancer.

Adenocarcinoma is the second most common type of non-small cell lung cancer and typically presents as a peripheral, spiculated nodule. Small cell carcinoma is a highly aggressive neuroendocrine tumor that typically presents as a central, soft nodule. Bronchioloalveolar carcinoma is a type of non-small cell lung cancer that typically presents as a peripheral, well-circumscribed nodule. Metastatic disease is a possibility, but the patient's symptoms and physical findings are more consistent with a primary lung malignancy.