

Summary

Mr. K, 72 years old father of 3, a diagnosed patient with left sided lung carcinoma got transferred from TH Kurunegala for continuation of chemotherapy and further management. Diagnosis was made following his presentation with localised chest pain and tender lump on L/S chest wall which was histologically confirmed as infiltrating poorly differentiated adeno-squamous carcinoma of lung. Considering facts of his age, tumour extent and its' histological high grade, he wasn't offered surgery but referred for oncological management with chemotherapy and radiotherapy.

He has been a heavy smoker of cigars of 120 pack years, a regular alcoholic and has been employed at a coir mill for about 40 years duration.

Examination revealed low BMI, pallor, Grade 3 finger clubbing and irregular ill-defined firm mass on L/S upper quadrant of chest wall extending up to anterior axillary line.

Following investigations, histology proven adeno-squamous carcinoma of left upper and lower lobes of lung was diagnosed without lymph node involvement or distant metastasis, staging it as T3N0M0.

Patient was commenced on chemotherapy following decision by specialist medical team led by clinical oncologist and first cycle of chemotherapy given during this admission. Multidisciplinary approach involved in further management including nutrition, psychological health and social welfare.

Making arrangements for elderly allowance, cancer allowance and elderly identity card were done to uplift patient's financial burden and psychological preparation of patient and family done due to poor prognosis of his medical condition