

Abstract

Pulmonary carcinoid tumours are neuro-endocrine tumours which has a prevalence 1-2% of all lung malignancies. It is the second most common carcinoid tumour and the clinical presentation may vary from the neuroendocrine tumours found in the other sites of the body. Skeletal metastasis of primary lung carcinoids is not uncommon and can be the first manifestation of the underlying tumour. Here we present a case of an elderly female presented with chronic back pain with constitutional symptoms, found to have multiple bilateral pulmonary nodules with mediastinal/para-aortic lymphadenopathy with sclerotic diffuse bony lesions in lumbar spine. Guided biopsy was suggestive of typical lung carcinoid tumour and immunohistochemistry studies were positive for Chromogranin and Synaptophysin. The patient was referred to oncological expertise for initiation of systemic chemotherapy.

According to the reviewed literature, most common site of skeletal metastasis of carcinoid tumours is the spine. Since, skeletal metastasis is frequently asymptomatic and the plain radiography cannot identify the lesions confidently, many patients with metastatic carcinoid tumours remain undiagnosed. Utilization of novel investigations including scintigraphy can greatly improve the diagnostic yield and aid in initiation of appropriate chemotherapy which can improve the prognosis.