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[Hong Kong Med J](#). 2010 Jun;16(3):186-91.

Surgical management of primary non-small-cell carcinoma of lung with synchronous solitary brain metastasis: local experience.

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Abstract

OBJECTIVE: To report the surgical experience in the management of patients with synchronous primary lung cancer and solitary brain metastasis. **DESIGN:** Retrospective cohort study. **SETTING:** Regional hospital, Hong Kong. **PATIENTS:** Seventeen patients with synchronous primary lung cancer and solitary brain metastasis were treated by pulmonary resection and neurosurgical intervention between 1994 and 2007. **RESULTS:** Median patient survival was 52 months (95% confidence interval, 9-95 months) and the 5-year survival was 27%. The univariate analysis yielded no significant prognostic factor. Four out of six patients who had lymph node metastases developed tumour recurrence. **CONCLUSION:** In view of encouraging survival results, aggressive therapy including pulmonary resection and neurosurgical intervention should be recommended for patients with synchronous presentation with primary lung cancer and solitary brain metastasis.

PMID: 20519754 [PubMed - in process] [Free Article](#)

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