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Inadvertent discovery of metastatic lung cancer: an unseen consequence of the introduction of specialist stroke units

The presentation of metastatic lung carcinoma can mimic the features of an acute cerebrovascular event. The development of specialised stroke services to provide rapid thrombolysis of cerebral infarcts has been promoted recently by the NHS.¹ The aim of this study was to see if this has influenced the number of diagnosed metastatic lung carcinomas.

A database of all cases of suspected strokes that presented to a single centre stroke unit was interrogated between September 2009 and August 2010. All cases that subsequently were found to be due to metastatic lung carcinoma on cross-sectional imaging were identified. The even-

tual cell types of any lung cancers identified were noted if available.

In total, 466 patients presented with a suspected stroke during the period in question. Of these, eight (1.7%) were subsequently found to have cerebral/cerebellar metastases from a lung primary. This represented 4.4% of all lung carcinomas diagnosed at our institution (eight of 178 patients). Of these eight patients, five had non-small cell lung cancer, one had a neuroendocrine tumour and two did not have a confirmed tissue type but clinically had a disseminated lung malignancy. Two patients had palliative surgical resections of their cerebellar metastases, the remainder had either cranial radiotherapy or received symptomatic treatment with corticosteroids.

Although these patients with metastatic disease were likely to have had their symptoms investigated even if stroke units did not exist, the creation of streamlined pathways with rapid access to cranial computed tomography scanning has undoubtedly reduced the time to diagnosis. This is one of the major goals for improving the outcome of lung cancer.²

Specialised stroke units were originally designed to provide rapid treatment for stroke patients and improve their long-term

outcomes but it is believed that they are having an inadvertent positive effect on the management of metastatic lung carcinoma. However, this may have consequent resource implications for local lung cancer services.

LUCY J ABBOTT
Specialist registrar in geriatric medicine

OTTILIA SPEIRS
Consultant stroke physician

TIMOTHY BL HO
Consultant chest physician

Frimley Park Hospital NHS Foundation Trust, Camberley

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