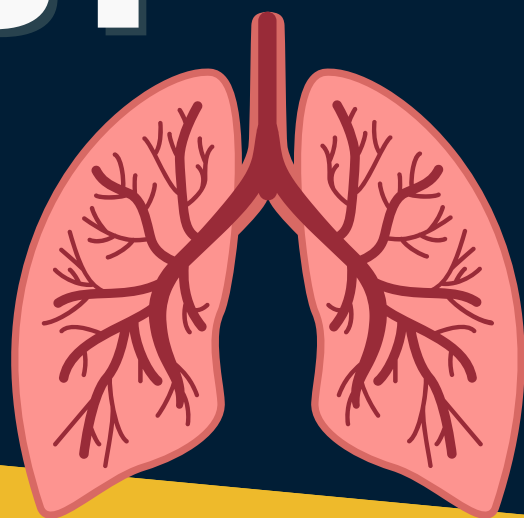


PANCOAST TUMOUR



1. What is it?

AKA superior sulcus tumours. Located in the apex of the lung with the potential invasion of the lower part of the brachial plexus, first ribs, vertebrae and subclavian vessels.

2. Clinical symptoms

- Non-mechanical severe shoulder pain the most common symptom in early stages. May radiate to neck and axilla.
- Ipsilateral arm pain in Ulnar nerve distribution
- Horner's syndrome 15-50% (ptosis, miosis, anhidrosis)



3. Additional Characteristics

- Cough, hemoptysis, and dyspnea are uncommon initially
- Ask about constitutional symptoms
- Weakness and atrophy of intrinsic hand muscles
- Upper arm oedema if subclavian vein occlusion

4. Risk factors

- Smoker
- Previous history of cancer
- Age >50
- Exposure to asbestos



5. Management

- Discussion with GP initially
- If highly suspicious referral via local 2ww cancer pathway
- CT or MRI will be best for diagnosis, as apical tumour can be missed on x-ray

