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When you hear hooves, it's a zebra: Radiation induced tumor lysis syndrome in bronchogenic adenocarcinoma

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Tumor lysis syndrome (TLS) is the sequela of large scale efflux of intracellular contents from rapid lysis of malignant cells, generally occurring within 7 days of chemotherapy initiation. These patients may develop a broad spectrum of symptoms that can lead to acute renal impairment, cardiac rhythm disturbances, seizures, and death. Intermediate to high risk patients are monitored closely and often offered prophylaxis against TLS. TLS cases described as spontaneous, related to solid organ tumors, or radiotherapy are uncommon and occur in oncology patients considered low risk. This outpatient low risk stratification may increase the likelihood that these patients will present with sequela of TLS. We present a case of a "low risk" patient with bronchogenic carcinoma presenting to the emergency department with new onset seizures and subsequently diagnosed with TLS after recent radiotherapy. Our case illustrates the importance of atypical presentations of critical conditions, as this appears to be the first reported case of radiation induced tumor lysis syndrome in bronchogenic adenocarcinoma. Given the increasing cancer burden and treatment modalities, we feel TLS will become a more prevalent condition is our Emergency Departments.

Biography

Jim Donecker has completed his graduation from Sidney Kimmel Medical College in 2012. With a desire to serve our forward deployed sailors and Marines, he completed his internship at Naval Medical Center San Diego followed by 4 years as a General Medical Officer in the United States Navy Medical Corps . He is currently pursuing a Family Medicine residency at EVMS Portsmouth Family Medicine in Portsmouth, VA.

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