

## A Case of the 10 days

### Case 382

A fifty-seven-year-old male presented in our hospital for hematemesis and liver dysfunction. He had no specific subjective symptoms. He had a solitary life. He smoked 20 cigarettes a day for 40 years. Laboratory test revealed LDH 1310 U/L, CRP 2.2 mg/dL, CEA 248 ng/mL, CA19-9 225 U/mL. He took chest-abdomen CT for further investigation (Figs 1, 2).

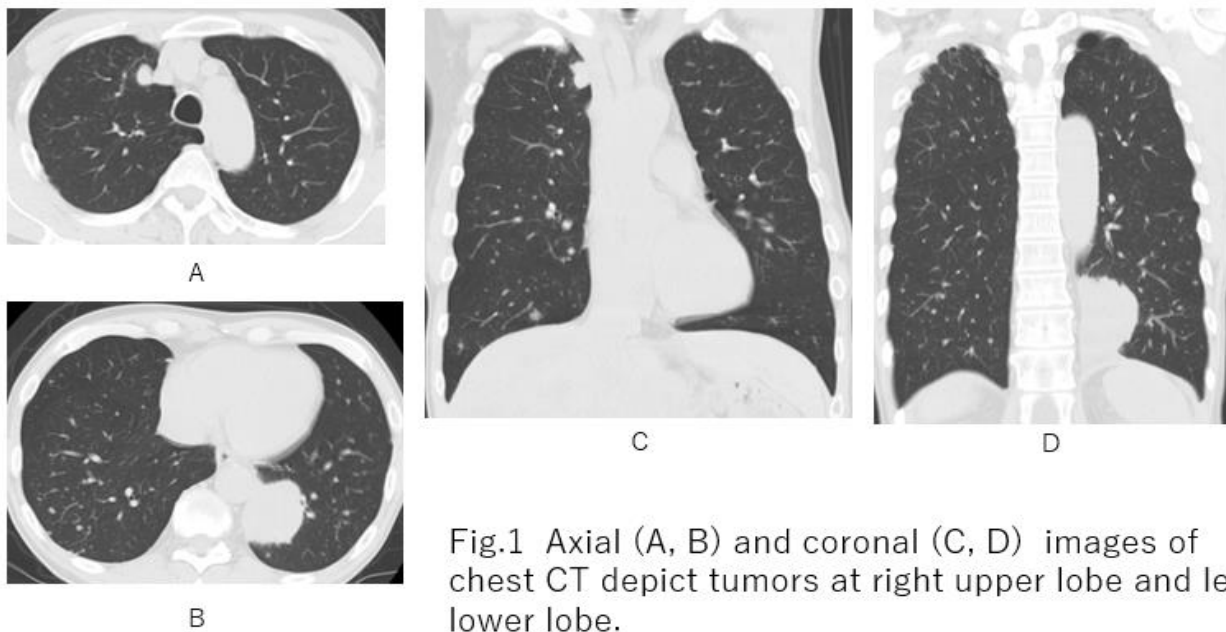


Fig.1 Axial (A, B) and coronal (C, D) images of chest CT depict tumors at right upper lobe and left lower lobe.

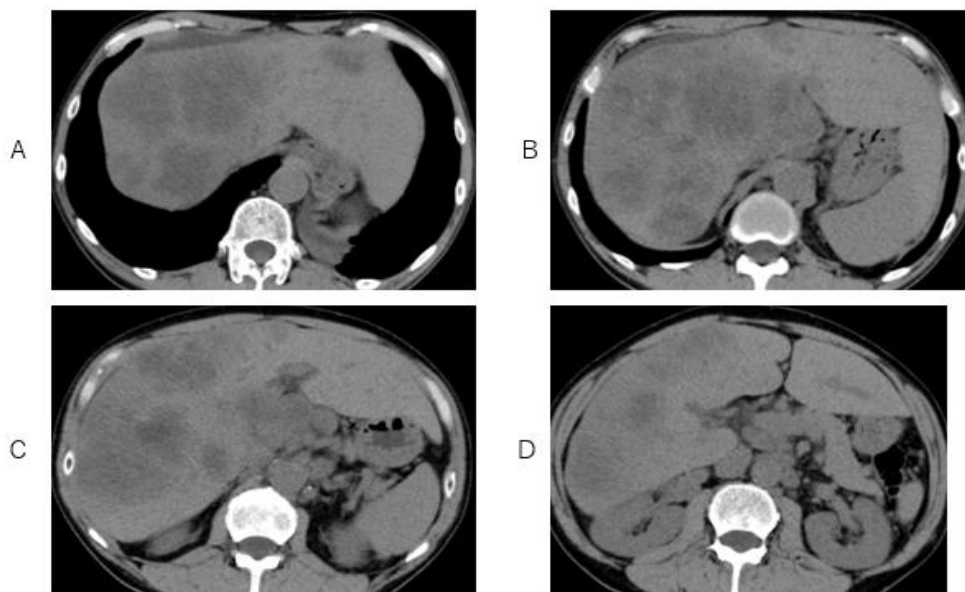
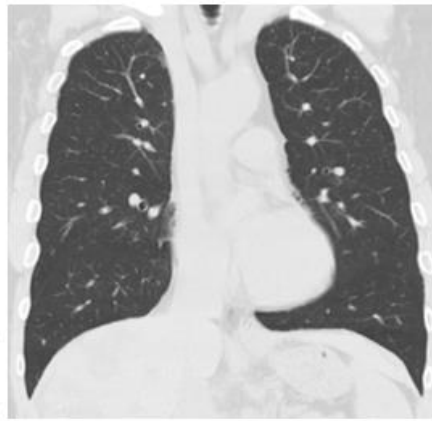


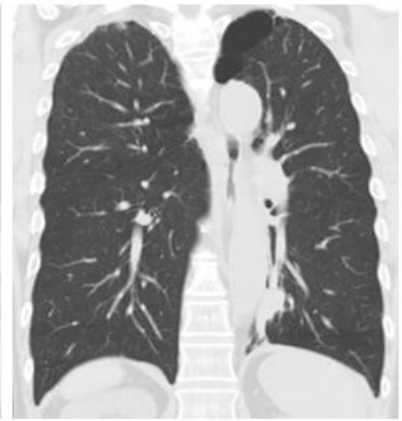
Fig.2 Multiple space occupying lesions in both lobes of right and left are depicted on axial abdomen CT.



A



C



D



B

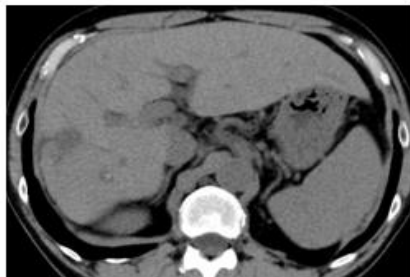
Fig. 3 Seven months later, chemotherapy with XELOX induces marked shrinkage of tumors in the right upper lobe and left lower lobe, compared to Fig.1.



A



B



C



D

Fig.4 Seven months later. XELOX induces marked shrinkages of space occupying lesions in both lobes of right and left are depicted on axial CT, compared to Fig.2.

What is the proper medicine for this patient with metastatic lung cancer and metastatic liver cancer?

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1. XELOX + Bevacizumab
2. Gemcitabine alone
3. Gemcitabine + S1
4. FOLFIRINOX
5. Gemcitabine + Nab paclitaxel

answer

2025.4.11