



## 1. "CANCER NEVER TAKES A BREAK — A NEW REALITY, THE SAME RELENTLESS ADVERSARY"

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**Introduction.** Lung cancer presents a significant global health challenge, posing a pervasive threat to individuals worldwide. It stands as a major concern, often linked to severe prognoses and a substantial impact on quality of life.

**Case statement.** A 76-year-old man living in an urban environment, non-smoker, and HIV-negative, presented with the onset of the disease approximately 7 days ago. He exhibited toxicoinfectious syndrome symptoms, including subfebrility up to 37.7 degrees, chills, and sweats. Bronchial syndrome manifested with a persistent dry cough and dyspnea rated as mMRC III, while an asthenovegetative syndrome was marked by general weakness. The patient has a medical history significant for a right kidney tumor in 2003 and lung cancer, leading to a lower right lobectomy in 2021. Despite symptomatic treatment, there was no clinical improvement. Biologically, a pronounced inflammatory syndrome was evident. Chest X-ray imaging revealed asymmetrical lung fields, with the right lung showing decreased volume, no exclusion of lower lobe atelectasis, and pleurisy on the right at the anterior arch of the sixth rib, accentuating the lung pattern. Fiberbronchoscopy results indicated biopsy fragments predominantly constituted of blood and fibrin with occasional neutrophils and benign respiratory epithelium fragments. Discohesive cells with hyperchromatic nuclei, featuring an increased nucleus-to-cytoplasm ratio, were occasionally observed. An obstructive tumor lesion was identified at the level of the right intermediate bronchus.

**Discussions.** The reactivation of the tumor process can pose a challenge in cancer management, demanding special attention in treatment and monitoring strategies for patients.

**Conclusion.** As a standard surgical procedure for lung cancer, lobectomy has proven effective in removing tumors and treating the disease in its early stages. It is crucial to emphasize that individual responses may vary, and each patient undergoes a unique postoperative experience. Efficient management and optimization of outcomes after lobectomy in lung cancer require close monitoring and collaboration with the medical team.