Fetal adenocarcinoma is a rare adenocarcinoma subtype of pulmonary blastoma. A 48-year-old male patient is being referred to our hospital due to progressive dyspnea. A chest X-ray showed a lung mass of unknown origin that was obstructing the right main bronchus. After relieving the airway obstruction with stent insertion via bronchoscopy, a diagnosis of fetal adenocarcinoma is being confirmed through thoracoscopic biopsy. Due to the locally advanced state of the lung cancer, it seemed to be inoperable, and concurrent chemoradiation therapy was being administered with docetaxel. The stent was removed after improvements in the airway obstruction followed by a lung mass shrinkage. Comparing to other contexts which describe fetal adenocarcinoma as lower grade malignancy with low-associated mortality, herein, we describe a case of locally-advanced fetal adenocarcinoma (T4N3M0). This is the first documented case being treated with concurrent chemoradiation therapy. The followed-up image studies represent a partial response and the patient is currently under further observations.

Key Words: Adenocarcinoma; Drug Therapy; Radiotherapy
Case Report

A 48-year-old man was referred to our hospital due to a lung mass of unknown origin. The patient had a 60 pack-year smoking history. Prior to admission, the patient visited an outside hospital with a one-month history of dyspnea, cough and sputum. Chest imaging studies demonstrated a lung mass (initial size, $7.7 \times 6.4$ cm) at the right mediastinal border with deviation of the trachea. After placing an endobronchial stent in the left main bronchus from the carina, the patient was transferred to our hospital.

Chest X-ray (Figure 1A) showed a large mass in the right paratracheal area, causing tracheal deviation to the left with mild bronchopneumonia in the right lower lobe. The stent in the left main bronchus remained patent. Computed tomography (CT) revealed a $7.7 \times 6.4$ cm lobulated, heterogeneous enhancing mass abutting the trachea, carina, and both main bronchi, as well as multiple enlarged lymph nodes in the subclavian, right hilar, subcarinal, upper and lower paratracheal areas (Figure 2A). A metallic stent was placed in the left main bronchus and irregular narrowing of the right main bronchial wall was also observed. Flexible bronchoscopy (FBS) showed the placement of a stent from the carina to the left main bronchus, extending to the left second carina (Figure 3A). The left upper and lower bronchi appeared normal. A white fungating mass obstructing the right main bronchus and a pin-point opening due to a mass-like lesion were detected.