

# Adenoid cystic carcinoma of the distal trachea: a case report

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**Poster Walks**

## Poster Walk 4: Interventional pneumology/Thoracic surgery

**P186****Adenoid cystic carcinoma of the distal trachea: a case report**Z. Djakovic<sup>1</sup>, Z. Janevski<sup>1</sup>, V. Cesarec<sup>1</sup>, K.B. Sreter<sup>2</sup>, D. Stancic-Rokotov<sup>1</sup><sup>1</sup>University Hospital Center Zagreb, University Clinic for Thoracic Surgery Jordanovac, <sup>2</sup>Department of Clinical Immunology, Pulmonology and Rheumatology, University Hospital Center Sestre Milosrdnice, Zagreb, Croatia

Primary malignant tumors of the trachea are very rare with incidence less than two cases in a million per year and only ten percent of these are adenoid cystic carcinomas. Eighty percent of all tracheal tumors are malignant. Diagnosis is usually late because symptoms mimic other conditions like asthma. The clinical presentation may be dramatic when the airway is almost obstructed and emergency recanalization is necessary. Diagnosis is made by chest computed tomography scan or magnetic resonance imaging. Definitive treatment is surgical resection alone or followed by radiation therapy or radiation therapy alone. Radical resection is accomplished only in about half of all cases because of the submucosal growth of the tumor and limited length of tracheal resection. The role of adjuvant radiation therapy in negative resection margin cases is not clear but all patients with positive resection margin benefit from radiation therapy. We present a rare case of a 43-year-old male patient with primary adenoid cystic carcinoma of the distal trachea treated by emergency bronchoscopic recanalization and resection of the tracheal tumor with end-to-end anastomosis.

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