



## Adenocarcinoma de pulmón pobremente indiferenciado. A propósito de un caso [

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text (article)

Analítica

Cancer is one of the leading causes of death in the world. It is the most frequent neoplasm and with the highest mortality in both sexes in developed countries. Its overall prognosis is poor with a 5-year total survival of 15%. The risk factors for PC are diverse, but they emphasize smoking, both active and passive; radiation exposure by radon gas; diet; exposure to chemical compounds such as asbestos, arsenic, vinyl chloride, nickel chromate, chloromethyl ether, among many other substances. CP is considered as a sentinel disease of smoking for the following reasons: 1. Tobacco smoking is the risk factor present in 90% of patients with PC. 2. The risk of getting sick or dying from PC in smokers increases dramatically after 40 years of age. 3. CP mortality rates increase after 40 years of age, directly related to tobacco use. 4. After 10 years of abstinence, the relative risk of developing CP is reduced by 50% compared to persistence in habit. Non-small cell lung carcinoma (CNCP) accounts for 80-85% of PC. It mainly includes the following histological types: epidermoid, adenocarcinoma and large cell types. At presentation only 25% are localized stages, and 35% are locally advanced stages (stage III or IV). Approximately 80% of patients with CNCP present metastatic disease in some of its evolutionary phases: 30-40% at diagnosis, 50% due to recurrence of stages I-II and 80% due to progression or relapse of stages III, and its Survival is very poor. Small cell lung carcinoma (PCC) constitutes approximately 15-20% of lung neoplasms. Approximately 60-70% of patients have disseminated disease at the time of diagnosis

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