

## Historical Highlights of Endobronchial Metastases

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### Abstract

In the furtherance of knowledge of lung cancer, Robert Graves proposed in 1842 that case reports should be collected for publication. Now, a distinct aspect of this cancer is verily the involvement of its bronchial innermost surface. Therefore, called endobronchial metastases, a personal autopsy series was obtained in Scotland. Here, historical cases are being presented.

**Key words:** Bronchus; Metastases; Bronchoscopy; History

### Introduction

The famous German pathologist, Julius Cohnheim [1] drew attention to the research merits accruing from autopsies. An important angle was that Robert Graves [2] canvassed for studious collection of cases. As he declared, "Were the history of diseases, at present reputed to be extremely uncommon, published by all those who meet with them, facts, now apparently single and insulated, would serve as nuclei round which future experience and observation might cluster together similar facts in groups sufficiently numerous to illustrate and explain each other." In the present paper, attention is drawn, as canvassed elsewhere [3], to the endobronchial site with special reference to the works of the old masters.

### Historical Texts

1. Graves [2] described the right bronchial tube in terms of being such as to "be traced for a short distance into the substance of the mass but was considerably diminished in caliber."
2. Moore [4] presented the case in which the tumor "had invaded the main bronchus from half an inch, and actually formed its wall."
3. Church [5] saw bronchial encroachment leading to its being "greatly narrowed."
4. Smith [6] found growths in the left bronchus which was so "compressed as to be hardly one quarter the size of the right." At another level, "a nodule had nearly perforated the bronchus."
5. Bennett [7] noted dilation with occasional sacculation to the extent of being "much thickened by much deposit and infiltration."

6. Harris [8] was specific as follows: "The left bronchus was entirely invaded throughout its whole tissue."

7. Stokes [9] was expansive thus:

In many of the bronchial tubes, deposits of a pearly white cancerous matter, in a semi-fluid state, were discovered, having more consistence than that of the tumours, but not adhering with any force to the mucous membrane. This is the only instance of cancer of the bronchial tubes which I have seen; but I find that Professor Carswell, in a case of the isolated form of cancer, gives a representation of a cancerous tumour attached to the mucous membrane of a large bronchial tube. It might be supposed that the case above stated was one of ulcerated cancer, but I entertain an opposite opinion from the fact, that in none of the masses could the transition from a hardened to a liquid state be observed; and this view is borne out by the infiltration of portions of the lung with a liquid precisely similar to that contained in the cysts, and by the analogous deposits in the bronchial tubes themselves.

8. West [10] saw that "The left bronchus appeared to be quite free, although new growth could be traced just up to its commencement."

9. Bristowe [11] brought up extensive descriptions of several bronchi thus: This condition of mucous membrane extended a little along the left bronchus, but was developed in a high degree in the whole length of the right, extended thence into the origins of the branches of the lower lobe, throughout the whole length of the primary branches of the upper lobes, and along some, also, of the secondary divisions. The tubes, whose mucous membrane was affected, were those which were surrounded by cancer. The entire thickness of their walls was involved (the cartilages remaining perfect), and their caliber was much diminished.

10. Kidd [12] contributed the case in which "The mucous membrane of the right bronchus was much thickened, and was beset with numerous firm are nodules."

## Discussion

The above cases throw some light on the bronchi. I was particularly struck by the point raised by the observation concerning a nodule which had nearly perforated the organ [5]. This was clearly a forerunner of the current interest in “mass lesions” of the bronchus. A spectrum of such lesions was provided from India, this being based on the role of the flexible bronchoscopy [13]. In this context, not only malignancy but also the benign lesion may surface. An exotic treatable lesion is zygomycosis [14]. Tuberculosis is also a welcome parasite [15]. Incidentally, Amer, Guy and Vaze encountered the adenocarcinoma which had presented as a foreign body [16].

## Conclusion

I am persuaded, as was Deeley [17], that a brief history of cancer is beneficial to all who are concerned with Oncology. The current status in Scotland was presented personally concerning observations on 100 necropsies [3]. Certainly, the living are being helped by way of applying high dose rate intraluminal irradiation in recurrent carcinoma [18]. Moreover, Udelsmans associate looked into the spectrum of therapeutic interventions and reviewed the literature [19].

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