IMAGE

ENDOBRONCHIAL LESION IN A FEMALE SMOKER

G. López Muñiz, C. López Represa, T. Ruiz Albi.

Pulmonology Department. Hospital Universitario Rio Hortega. Valladolid.

CASE DESCRIPTION

Female patient, 53 years old, smoker from a young age, with an accumulated rate of 28 packs-year, without relevant medical history. She is referred to our office for evaluation after having presented an episode of hemoptysis, evolving over two days, which was self-limited. In the medical history, the patient reports having presented similar signs a year ago, although to a lesser extent and duration, which was attributed to an infection, without carrying out additional tests. From the respiratory point of view, she was found to be asymptomatic, with the hemoptysis having ceased and with no accompanying respiratory symptoms. Furthermore, both the physical examination and chest x-ray were normal.

As she is a smoker with hemoptysis, a computerized axial tomography (CAT) of the chest was requested, within the CB Process protocol, in which a 1 x 1.5 cm solid mass was observed at the endobronchial level, located in the right bronchus intermedius. The images were highly suggestive of malignancy (image 1A and 1B with arrows). Given the high suspicion of a neoformative process, a diagnostic videobronchoscopy was performed to take samples where said mass was found; excrescent, pedunculated, with a mamelonated appearance and attached to the wall of the bronchus, highly vascularized, which makes it friable with the passage of the bronchoscope and causes partial obstruction (approximately 30%) of the bronchial lumen (Image 1c). Samples of said lesion were taken, both by a biopsy with alligator clamps and a telescoped brushing. The anatomopathological result was compatible with a predominantly glandular endobronchial papilloma, compared with the initial suspicion of bronchogenic carcinoma. The patient was referred to thoracic surgery for endoscopic treatment, proceeding to the excision of the lesion with laser surgery. Currently, radiological monitoring finds the patient asymptomatic and without new lesions.

Papillomas are rare, benign tumors, which hardly represent 0.38% of all pulmonary tumors[1]. They are divided into three categories: squamous, which predominates and is related to tobacco use, having a greater tendency to become malignant; glandular and mixed, which are more frequent in elderly women[2]. As for the forms of presentation, patients can remain asymptomatic,

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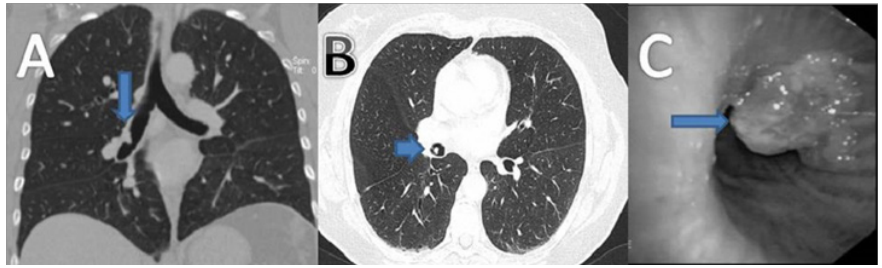
Graciela López Muñiz
gracielalm1988@gmail.com

have a cough, radiological alterations and hemoptysis (4/13 in the Fielder et al. study[3]), as was the case with our patient. Given that bronchogenic carcinoma is the first differential diagnosis considered, bronchoscopy is carried out on practically all patients. They are usually polypoid, friable lesions, between 0.2 and 2.5 cm^3 in size and located in the most proximal region of the airway. Endoscopic treatment is acceptable, given their small size. The YAG laser is the most commonly used, as with our patient, although an electrocautery scalpel can also be used for its resection.



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