

[PICTURES IN CLINICAL MEDICINE]

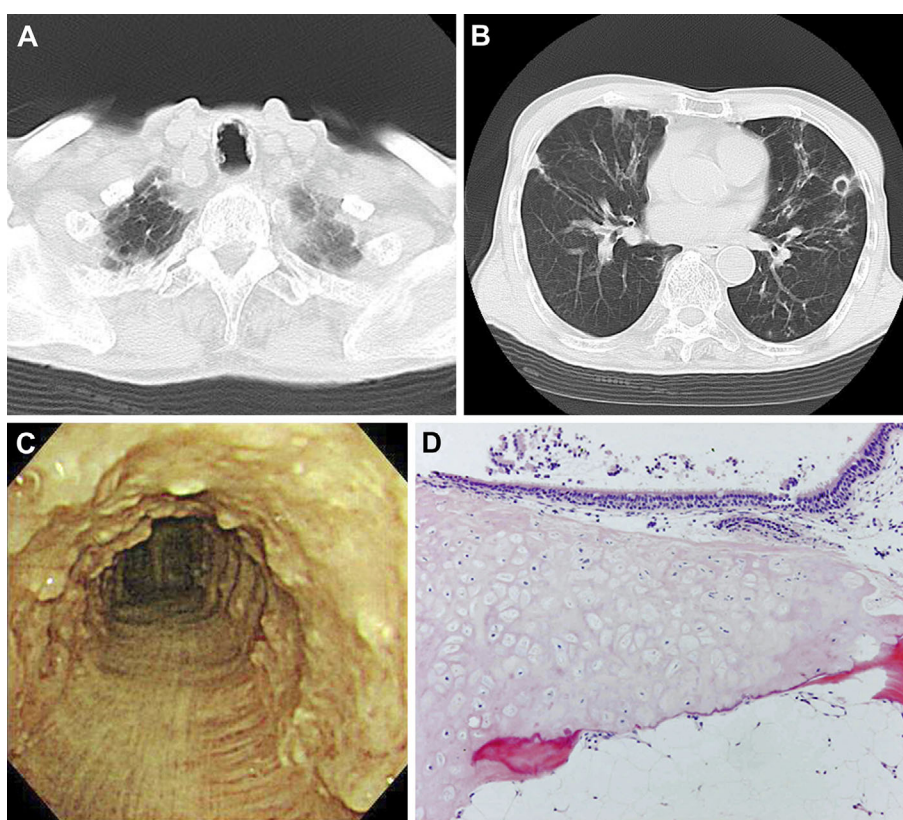
Tracheobronchopathia Osteochondroplastica Complicated with *Mycobacteroides abscessus* Pulmonary Disease

Seiji Yoshida^{1,2}, Shun Morizumi^{1,3}, Kenya Sumitomo¹ and Tsutomu Shinohara^{1,3}

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Picture.

An 89-year-old man presented with a productive cough. Chest computed tomography revealed multiple nodules in the trachea. Bronchiectasis was observed mainly in the middle lobe and lingula, with one cavitary nodule in left segment 5. Bronchoscopy revealed diffuse yellowish-white nodules on the trachea and the main bronchi except for the

membranous portion. A pathological examination of the nodule showed submucosal ossification and cartilage (Picture). Bronchial lavage culture produced mycobacterium colonies, and the isolate was identified as *Mycobacteroides abscessus* complex (MABC) by DNA-DNA hybridization. These findings were consistent with tracheobronchopathia

¹Division of Internal Medicine, Japan Agricultural Cooperatives Kochi Hospital, Japan, ²Division of Internal Medicine, Rehabilitation Oomiko Hospital, Japan and ³Department of Community Medicine for Respiriology, Graduate School of Biomedical Sciences, Tokushima University, Japan

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Correspondence to Dr. Tsutomu Shinohara, t-shinohara@kouseiren.ja-kochi.or.jp

osteocondroplastica (TO) and MABC pulmonary disease (1). TO leads to recurrent respiratory infections, and repeated airway inflammation further promotes osteochondrodysplasia (2). Nontuberculous mycobacteria (NTM) infection also may occur against the background of TO, and two cases of definitive NTM (*M. avium-intracellulare* complex) pulmonary disease associated with TO were previously reported (1, 3). In the present case, recurrent respiratory tract infections related to TO and MABC pulmonary disease probably contributed to bronchiectasis (4).

The authors state that they have no Conflict of Interest (COI).

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