


Incidental synchronous bronchial tumour: an unusual bronchoscopic finding

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Keywords

Carcinoid tumour, endobronchial treatment, hamartoma, lung lobectomy.

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Clinical Image

A 49-year-old woman was admitted to our hospital due to paroxysmal dry cough and mild dyspnoea. She was treated

Key message

We describe a patient with incidental endobronchial synchronous hamartoma and typical carcinoid with different management strategy.

with inhaled steroid and bronchodilator for asthma. On contrast-enhanced chest computed tomography (CT) scan, a solid endobronchial lesion totally occluding the right

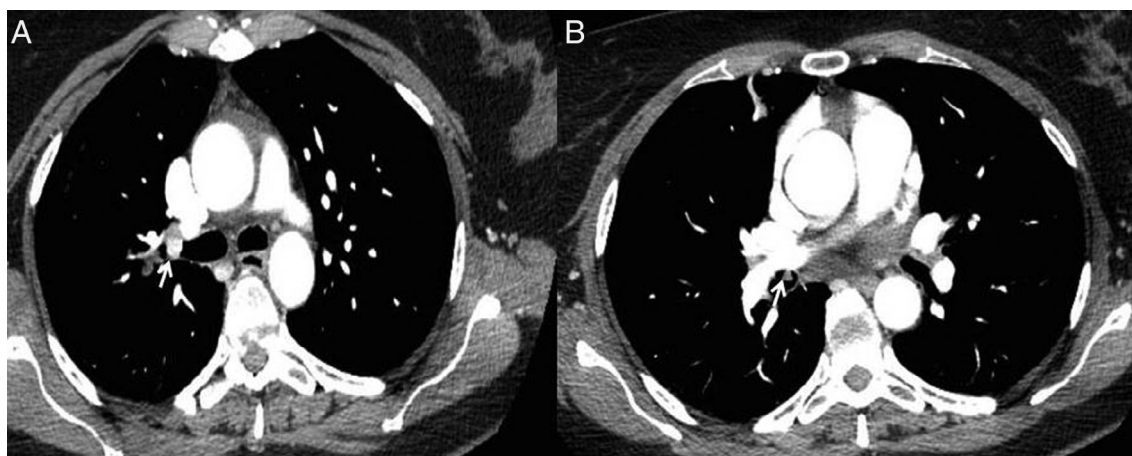


Figure 1. Contrast-enhanced chest computed tomography (CT) showed a vascularized round lesion with sub-occlusion of the upper right bronchus (A) and a triangular lesion on intermedium bronchus (B).

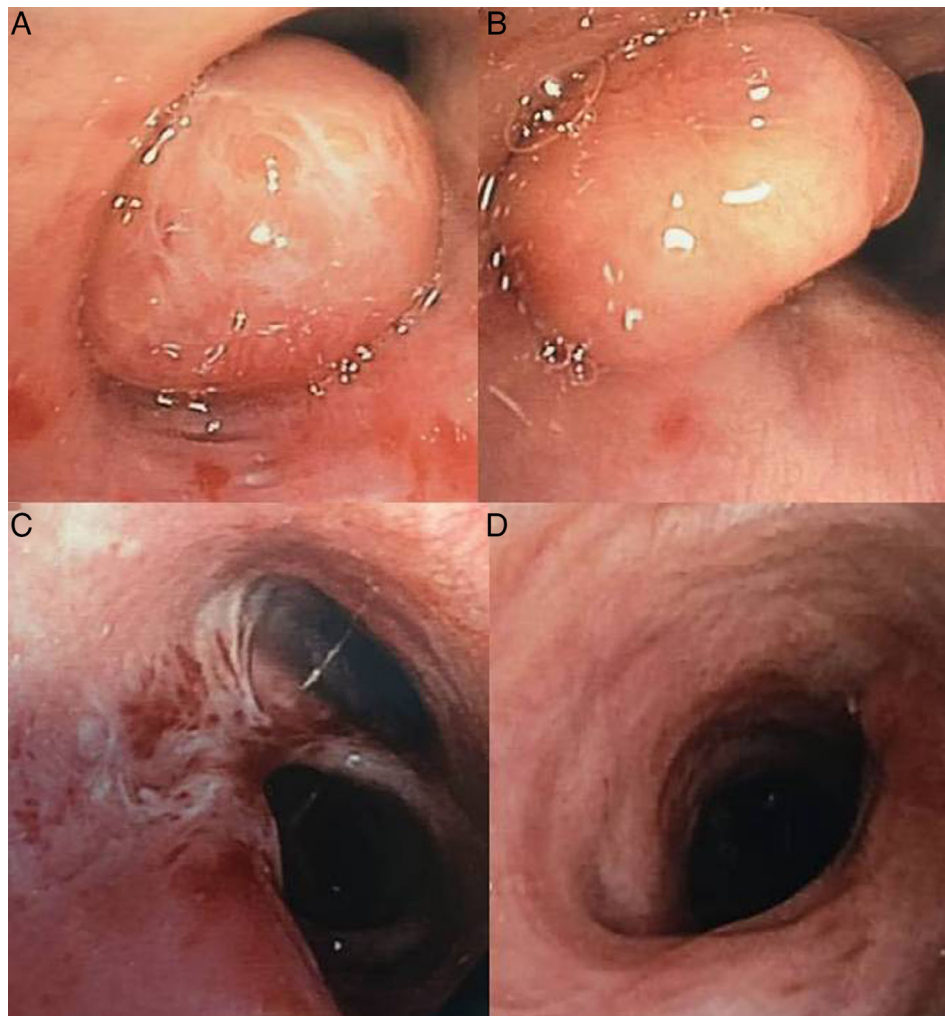


Figure 2. Bronchoscopy view revealed a round-shaped vascularized lesion sub-obstructing the right upper lobe bronchus (A) and soft polypoid lesion originating from the distal bronchus intermedius (B). Bronchial scarring post laser-assisted mechanical resection (C) and closure of bronchial stump following upper right lobectomy (D).

upper bronchus and an incidental triangular-shaped lesion on intermedius bronchus were shown (Fig. 1). Fibrobronchoscopy demonstrated a round-shaped vascularized lesion with typical carcinoid findings located at the orifice of the right upper lobe bronchus and a soft polypoid lesion originating from the medial wall of the bronchus intermedius (Fig. 2A, B). Histological examinations revealed typical carcinoid and hamartoma. A different management strategy was performed [1]. Rigid bronchoscopy treatment with yttrium aluminium garnet (YAG) laser and right upper lobectomy allowed complete removal of the hamartoma and typical carcinoid [1,2](Fig. 3).

Disclosure Statement

Appropriate written informed consent was obtained for publication of this case report and accompanying images.

References

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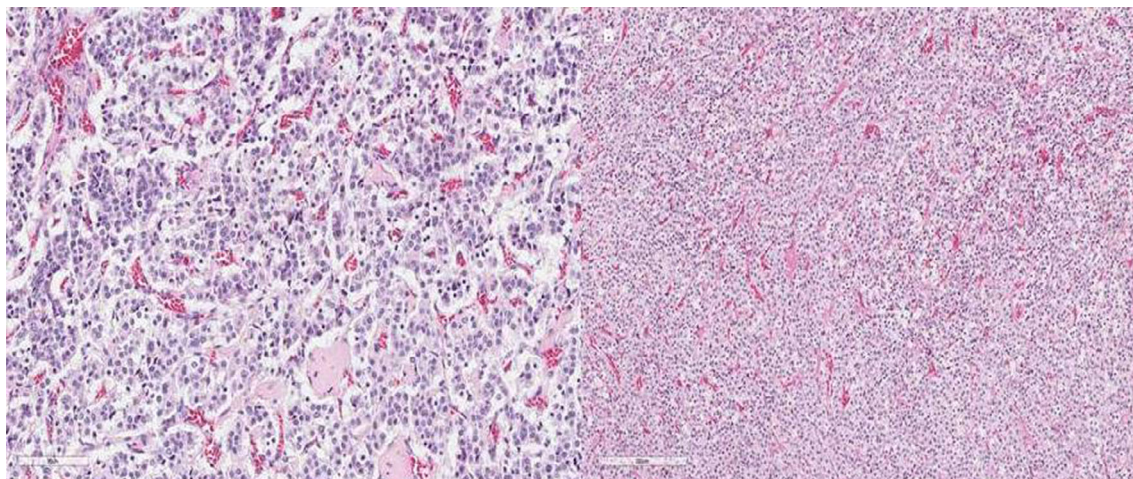


Figure 3. Moderately cellular cartilage fragments without atypia. (A) The polygonal tumour cells arranged in organoid and trabecular growth pattern (haematoxylin–eosin (H–E) stain, 2 mm). (B) Abundant eosinophilic cytoplasm with round-oval nuclei and inconspicuous nucleoli were observed (H–E stain, 10x).