Internal Medicine
The Japanese Society of Internal Medicine
doi: 10.2169/internalmedicine.4698-20
Intern Med 59: 2331-2332, 2020
http://internmed.jp

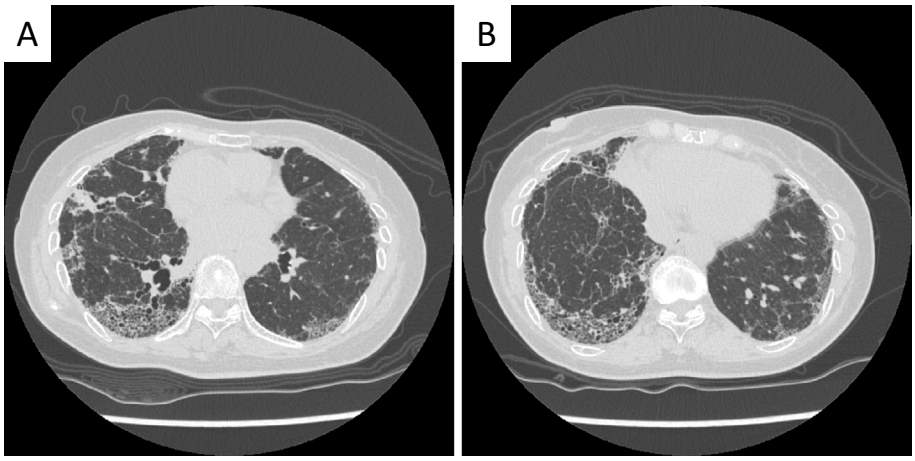
【 PICTURES IN CLINICAL MEDICINE 】

Pleural Emphysema after Transbronchial Lung Cryobiopsy

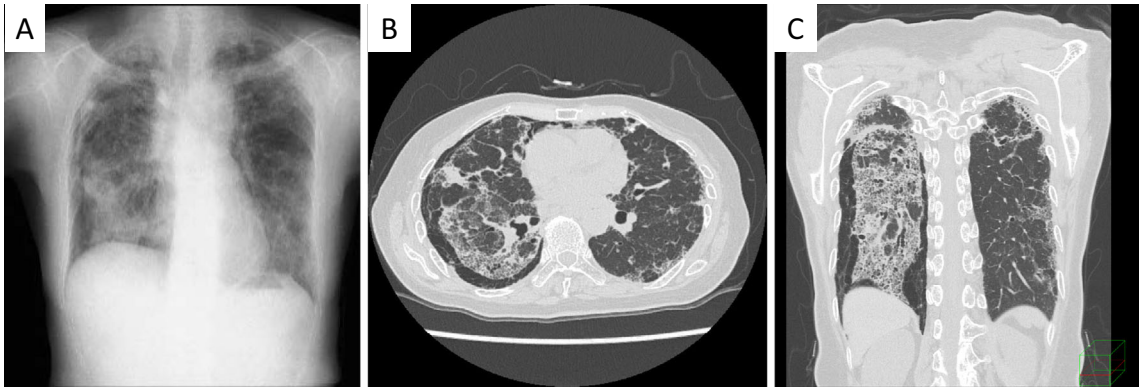
Masato Asaoka, Tomohisa Baba and Takashi Ogura

Key words: bronchoscopy, pleural emphysema, pneumothorax, cryobiopsy

(Intern Med 59: 2331-2332, 2020)
(DOI: 10.2169/internalmedicine.4698-20)



Picture 1.



Picture 2.

A 72-year-old woman with suspected interstitial lung disease received transbronchial lung cryobiopsy (TBLC) of the right lower lobe (Picture 1). Her medical history included tuberculous pleuritis at 60 years of age. She was a never smoker.

A chest radiograph obtained after TBLC showed a radiolucent area surrounding the right lung. Although the imaging characteristics were similar to pneumothorax, computed tomography demonstrated reticulation with air density surrounding the shaggy-surfaced right lung parenchyma (Picture 2).

She recovered with rest alone and is doing well without

Division of Pulmonary Medicine, Department of Medicine, Kanagawa Cardiovascular and Respiratory Center, Japan
Received: February 19, 2020; Accepted: April 28, 2020; Advance Publication by J-STAGE: June 15, 2020
Correspondence to Dr. Masato Asaoka, masaoka8701@gmail.com

recurrence.

Pneumothorax is a concerning complication of TBLC. Pneumothorax was previously reported to be associated with presence of pleural tissue in cryobiopsy pathology specimens (1). Although we could not find pleural tissue in the specimens, TBLC caused pleural injury. The injury tore the visceral pleura and pleural adhesion after tuberculous pleuritis retained leaked air without the development of pneumothorax.

This case highlights our understanding of an atypical complication of bronchoscopy.

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

Reference

1. Cooley J, Balestra R, Aragaki-Nakahodo AA, et al. Safety of performing transbronchial lung cryobiopsy on hospitalized patients with interstitial lung disease. Respir Med **140**: 71-76, 2018.