



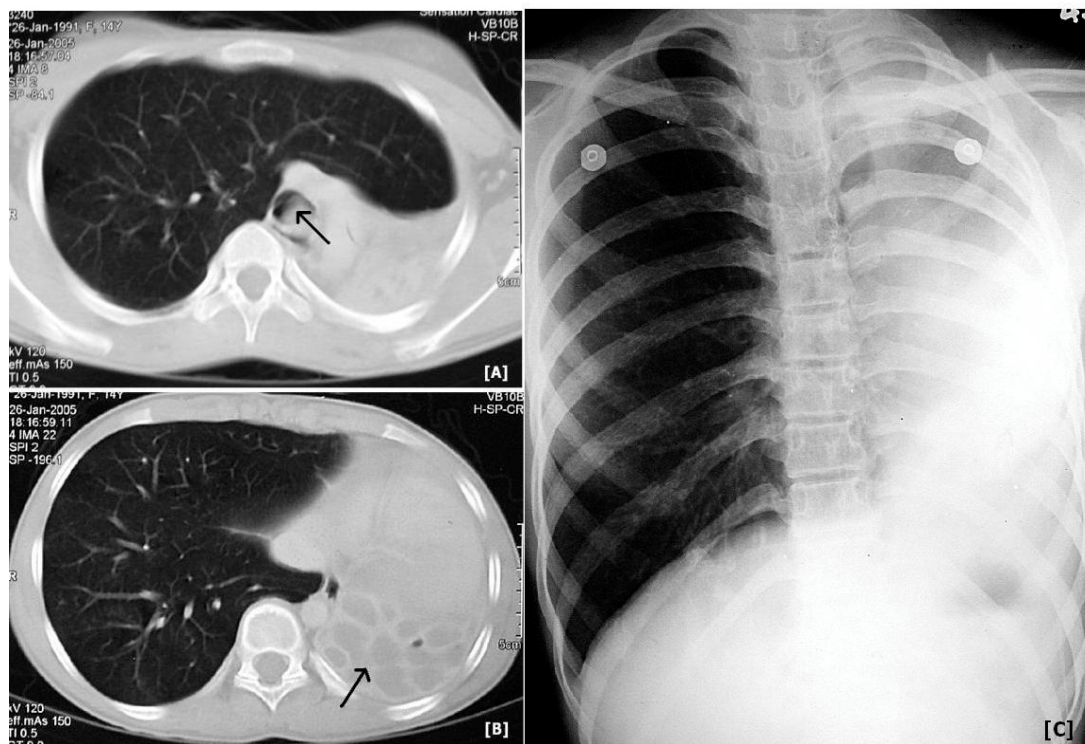
Tussigenic trachea

Dipesh Duttaroy, Jitendra Jagtap, Ujjwal Bansal, Braja Sunder Patra

A 14-year-old Asian Indian female presented with cough with mucopurulent expectoration, low grade fever, dyspnoea, and anorexia which had lasted for 5 months. On auscultation of the left chest she had diminished breath sounds with coarse crepitations.

A chest radiograph (Figure 1C) and a multislice contrast spiral CT scan were performed (Figures 1A and 1B).

Figures 1A: Axial CT scan chest showing the left intrabronchial mass (arrow);
1B: Axial CT scan chest showing collapsed left lung with multiple cystic spaces (arrow);
1C: Chest radiograph showing consolidation of left lung



Question:

What is the diagnosis?

Answer

The chest radiograph shows atelectasis of the left lung. The CT scan with oblique coronal multiplanar reconstructions (Figure 2) revealed collapse of the left lung with multiple large thin-walled tubular cystic spaces consistent with obstructive bronchiectasis and a large elongated solid tubular mass arising from the left main bronchus projecting into the trachea.

A CT scan with coronal three-dimensional reformats and virtual endoscopy (Figure-3) confirmed the presence of the mass. Bronchoscopic biopsy of the mass showed leiomyoma.

The patient underwent left pneumonectomy with excision of left main bronchus. A pathological specimen (Figure 4) showed a smooth lobulated, pedunculated tumour. Histopathology confirmed the diagnosis of endobronchial leiomyoma.

Figure 2. Spiral CT scan chest with IV contrast (oblique coronal multi planer reconstruction) showing: vascular reconstruction; intraluminal projection (grey arrow) into the trachea (black arrow) from the left main bronchus



Figure 3. CT Bronchoscopy image showing a well-defined intraluminal projectile mass within the lower end of the trachea coming out of the left main bronchus

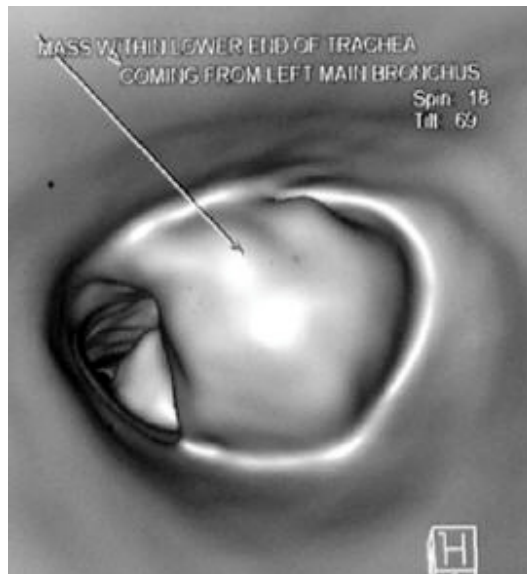


Figure 4. Postoperative specimen of the left lung split open showing pedunculated tumour (black arrow), and left main bronchus (white arrow) with extensive bronchiectatic changes



Author information: Dipesh D Duttaroy, Head of Surgical Unit; Jitendra Jagtap, Junior Resident; Ujjwal Bansal, Junior Resident; Braja Sunder Patra, Professor of Cardio-Thoracic Surgery; Department of Surgery, Government Medical College & Sir Sayajirao General Hospital, Faculty of Medicine, The Maharaja Sayajirao University of Baroda, Baroda, Gujarat, India

Correspondence: Associate Professor Dipesh Duttaroy, Department of Surgery, Government Medical College & Sir Sayajirao General Hospital, Baroda, Gujarat, India 390001. Email: drduttaroy@gmail.com

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