

Pulmonary Nodular Lymphoid Hyperplasia: a very rare chest disease

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A 42 year-old woman presented to the chest physician with a mild non-productive cough lasting more than one month, without fever. She was not diabetic or obese and did not suffer from hypertension. She had a smoking history of 2 pack/years and was not taking any drugs. She had a past history of a small nodule of the thyroid gland and had undergone a surgery for a uterine polyp.

Chest X-ray showed diffuse opacities in both lungs. Chest computed tomography (CT) showed multiple nodular lesions with a perilymphatic distribution (Figures 1, 2). Bronchoscopy was performed, using a flexible bronchoscope, which revealed no abnormal findings. A biopsy specimen obtained by fine needle aspiration (FNA) of the lung showed no remarkable findings, and therefore surgery was scheduled for an open lung biopsy at which specimens were taken from the nodular area.

Histopathological examination of the biopsy demonstrated lesions of lymphonodular bronchitis/bronchiolitis, with areas of organizing pneumonia, findings which are compatible with a diagnosis of nodular lymphoid hyperplasia (NLH). Although this condition is very rare, it should be considered in the differential diagnosis of nodular diffuse opacities of the lung.

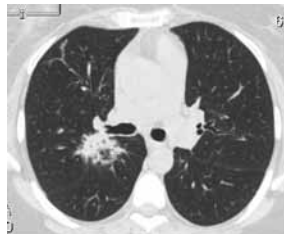


FIGURE 1. Chest CT of 42 year-old woman: Axial, thin slice, high resolution image at the level of the subcarinal region. The figure depicts the largest lesion, measuring 43mm, abutting the right major fissure. The lesion is partly solid and has spiculated margins. There are some mediastinal lymph nodes measuring less than 1 cm in the short axis. There is no evidence of pleural effusion.

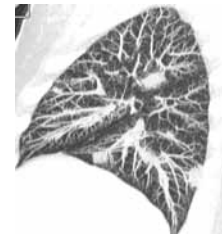


FIGURE 2. Chest CT of 42 year-old woman: Sagittal section through the right midlung, thick slab maximum intensity projection (MIP) image, with lung windows. Image was reconstructed using axial source images with high resolution algorithm. There are multiple nodular lesions with perilymphatic distribution.

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