

# Endobronchial Tuberculosis

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**Key words:**

- Tuberculosis,  
- Endobronchial

A 35 year-old female, former smoker 20 pack-years, with a free past medical history, was admitted to the ER mentioning intermittent low grade fever and non-productive cough for the previous 3 months.

Chest radiography revealed multiple nodules bilaterally, more extensive in the right lung, and also alveolar infiltrates and linear opacity in the right lung. CT scan of the chest with IV contrast was performed showing patchy centrilobular nodules and tree-in-bud appearance with bilateral distribution, more extensive in the right lung, and ground glass opacities in the middle and lower lobes of the right lung.

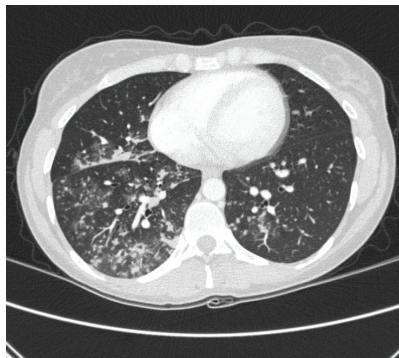
The patient underwent bronchoscopy and a whitish lesion was found on the posterior segment of the lower tracheal wall and right main bronchus, up to the orifice of the right upper lobe bronchus. The pathological examination of the specimen of the endobronchial biopsy revealed caseous necrosis. The Ziehl-Neelsen staining and the culture in Lowenstein-Jensen medium of the bronchoscopy samples were positive.

The patient received treatment of tuberculosis with a 4-drug regimen and progressive clinical improvement was noticed.

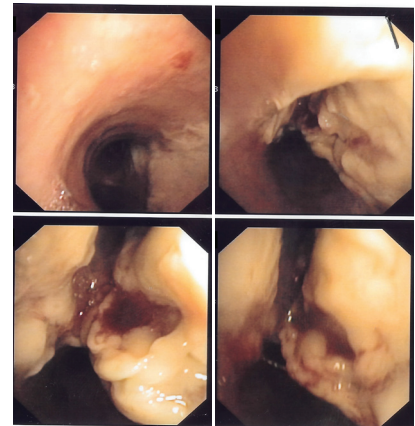
No conflict of interest declared.



**FIGURE 1.** Chest radiography shows multiple nodules bilaterally, more extensive in the right lung, and also alveolar infiltrates and linear opacity in the right lung.



**FIGURE 2.** CT scan of the chest shows patchy centrilobular nodules and tree-in-bud appearance with bilateral distribution, more extensive in the right lung, and ground glass opacities in the middle and lower lobes of the right lung.



**FIGURE 3.** Bronchoscopic image: whitish lesion on the posterior segment of the lower tracheal wall and right main bronchus, up to the orifice of the right upper lobe bronchus.

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