Lentil aspiration pneumonia in a young patient

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We report the case of a 41-year-old man who was admitted in our ICU due to extubation failure after a diagnostic thoracoscopic lung biopsy.

His current medical history consisted of recurrent episodes of fever, productive cough, dyspnea in exertion, anorexia and loss of body weight. The clinical examination, laboratory tests and chest X-ray provided no clues to the diagnosis. CT of the chest showed multiple lymph nodes in the soft tissue window and a micronodular pattern in the lung window mainly in the middle and lower lung fields with scattered areas of ground glass opacities and isolated parenchymal bands (Figure 1). CT of the neck showed vocal cord palsy and the presence of abnormal morphology of the surrounding tissue. The bronchoscopy was inconclusive. When an ENT examination was requested, the ENT, surprisingly, recognized the patient who had been treated with chemotherapy and radiotherapy due to rhinopharyngeal carcinoma at the age of 20. The patient was not informed about his exact medical history and the parents were consistently unwilling to give information about it. The hospital records were also missing. The lesions found on the neck CT were considered to be radiation-induced. Lung biopsy showed a large number of giant cells of foreign body type around food particles and a diagnosis of lentil aspiration pneumonia was set (Figure 2). Lentil aspiration pneumonia is a rare entity with a small number of cases in the literature. After the diagnosis, the patient and his family admitted that he had episodes of aspiration in every meal, in fact he was unable to eat properly due to those episodes and that was the reason of his 'anorexia'.

The diagnosis was aspiration pneumonia due to dysphagia after therapy for rhinopharyngeal carcinoma and he was further managed with a tracheostomy and a feeding jejunostomy.

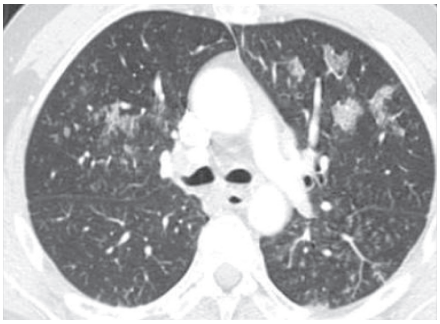

FIGURE 1

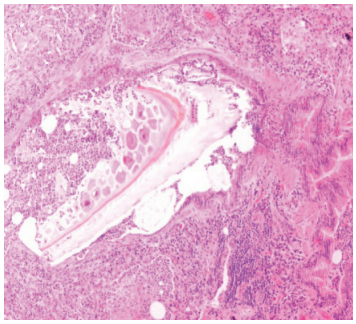

FIGURE 2

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