

Endobronchial hamartoma

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A 46-year-old man presented with a 3-months history of productive cough and shortness of breath. He was an ex-smoker and had a history of hypertension, dyslipidemia and chronic obstructive pulmonary disease. On auscultation, wheezing over the right pulmonary area was noted. A chest X-ray showed a nodular lesion at the right middle pulmonary field while computed tomography revealed a soft tissue polypoid endobronchial lesion, of 1,5cm in diameter, arising from the carina between the right upper lobar bronchus and the bronchus intermedius and carrying calcifications (Figure 1). Flexible bronchoscopy revealed a polypoid mass inside the distal end of the right main bronchus (Figure 2). The patient underwent right thoracotomy with bronchotomy and mass excision. Histological features were consistent with hamartoma.

Endobronchial hamartomas are the most common benign lesions in adults, with an incidence of 2,5-3,2/1000 in the general population. They are usually located in the lung parenchyma and are asymptomatic. The endobronchial location is very rare (1,4%) and may produce respiratory symptoms and radiological findings. Hamartomas are traditionally treated by surgical manipulations. Less invasive procedures involving rigid or flexible bronchoscopy are being recently applied with fine results.



FIGURE 1. Soft tissue lesion in the right main bronchus of 1,5cm in diameter, areas of fat density and central and superficial calcifications.



FIGURE 2. Polypoid mass emanating from the carina between the right upper lobar and the intermedius bronchus (RC1) with superficial calcifications.

REFERENCES

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