Cutaneous neurofibromas resembling parenchymal lung nodules

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It regards a 79-year-old Caucasian male patient smoker 40 pack-year cigarette with already diagnosed and clinically evident Neurofibromatosis type I (NF1) referred to our department for possible pulmonary involvement. On chest radiograph, multiple soft tissue nodules appeared in all lung fields (Figure 1a), a finding that was further clarified by the chest computerized tomography (CT) scan as the superimposition on the plain films of the dermal and subdermal neurofibromas (Figure 1b). CT of the chest further disclosed mild to moderate emphysema more prevalent in the upper lung fields both paraseptal and centrilobular type (Figure 1b) as well as kyphoscoliosis (Figure 1c). No evidence of interstitial lung or neoplastic disease was found.

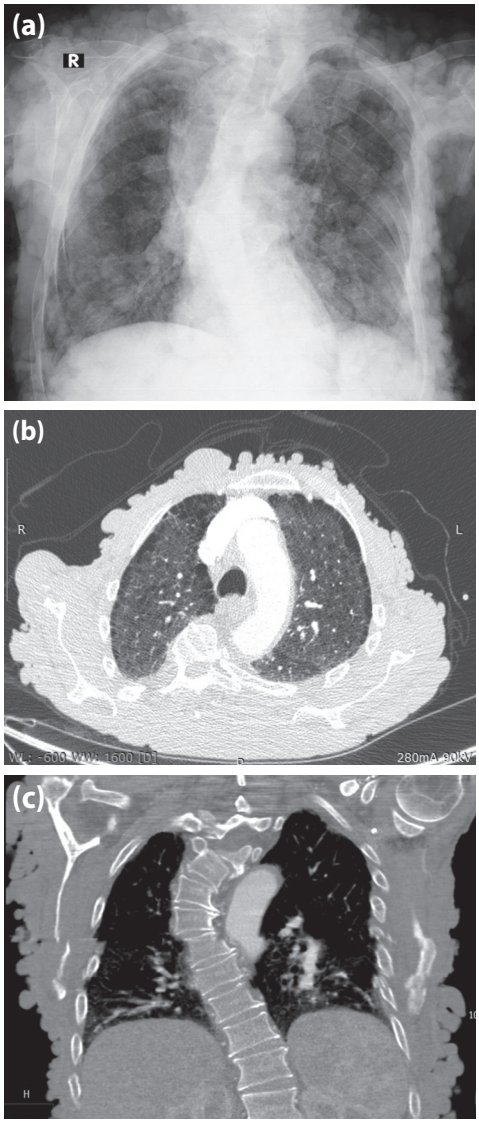

FIGURE 1. (a) Posteroanterior chest radiograph showing multiple soft tissue nodules in all lung fields. (b) Chest computerized tomography (CT) scan revealing numerous well-defined cutaneous and subcutaneous nodules with soft-tissue attenuation in a configuration characteristic of neurofibromas as well as emphysema, predominantly in subpleural distribution at the upper lobes characteristic of paraseptal (distal acinar) emphysema. (c) Chest computerized tomography (CT) scan (coronal view) revealing severe deformity of the thoracic spine with marked kyphoscoliosis. Pulmonary function tests revealed a significant reduction in total lung capacity and functional residual capacity.

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