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## Pulmonary puzzle

### A hint of calcium

#### CLINICAL PRESENTATION

A 76-year-old male who was a previous smoker presented with symptoms suggestive of recurrent lower respiratory tract infections. There was no associated anorexia, weight loss or breathlessness. During one of these episodes he had haemoptysis which prompted further investigations with a CT scan of the chest as well as a flexible bronchoscopy. The CT scan showed some thickening of the tracheobronchial mucosa and specks of calcification in the trachea as well as the major bronchi. The posterior wall of the trachea was spared (fig 1A, B). The bronchoscopic appearances were rather unusual. Extensive “nodularity” was seen more or less throughout the whole trachea with relative sparing of the posterior aspect. Similar changes were seen also in the major upper airways (fig 1C). These “nodules” had a rather gritty feeling on contact with the

bronchoscope. Purulent secretions were also visualised. These CT and bronchoscopy findings are characteristic of the underlying pathology which was confirmed on biopsy (fig 1D).

#### QUESTION

What is the diagnosis?

See page 153 for answer

This case is submitted by:

**S Faruqi, R Regester, M Thirumaran, S Williams**

Department of Respiratory Medicine, Pinderfields General Hospital, Wakefield, West Yorkshire, UK

**Correspondence to:** Dr S Faruqi, Department of Respiratory Medicine, Pinderfields General Hospital, Aberford Road, Wakefield, West Yorkshire WF1 4DG, UK; sfaruqi@doctors.net.uk;

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**Figure 1** (A, B) Thickening of the tracheobronchial mucosa with areas of calcification. The posterior wall of the trachea is spared. (C) Bronchoscopic appearance at the carina. There are mucosal “nodules” seen and purulent secretions. (D) Haematoxylin and eosin photomicrograph of the bronchial biopsy which is diagnostic. The diagnostic features are annotated with arrows.

