## Cystic fibrosis

- Shinkai M, Rubin BK. Macrolides and airway inflammation in children. Paediatr Respir Rev 2005;6:227–35.
- Equi A, Balfour-Lynn IM, Bush A, et al. Long term azithromycin in children with cystic fibrosis: a randomised, placebo-controlled crossover trial. Lancet 2002;360:978–84.
- Wolter J, Seeney S, Bell S, et al. Effect of long term treatment with azithromycin on disease parameters in cystic fibrosis: a randomised trial. Thorax 2002;57:212–16.
- Saiman L, Marshall BC, Mayer-Hamblett N, et al. Azithromycin in patients with cystic fibrosis chronically infected with Pseudomonas aeruginosa: a randomized controlled trial. JAMA 2003:290:1749–56.

# **Pulmonary puzzle**

# A patchy consolidation at the apical segment of the left lower lobe associated with productive cough

#### **CLINICAL PRESENTATION**

A 65-year-old female non-smoker had a 3-month history of productive cough and intermittent haemoptysis for 1 month. Plain chest radiography showed a mass-like shadow at the medial side of the left lower lung field (fig 1A). A CT scan showed a left lower lobe mass with heterogeneous content neighbouring the left pulmonary artery and descending thoracic aorta, with encasement of the superior and basal posterior segments of the bronchi (fig 1B). A CT scan with contrast medium revealed

a highly suspicious feeding artery arising from the descending aorta (fig 1C). Bronchoscopy demonstrated narrowing of the orifice of left B6 and B10 but sputum and washing/brushing cytology were all negative. The CT-guided biopsy specimen had few atypical cells, but a repeat ultrasound-guided biopsy specimen showed chronic inflammation.

#### QUESTION

What is your diagnosis?

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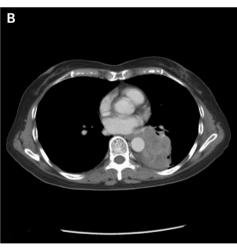
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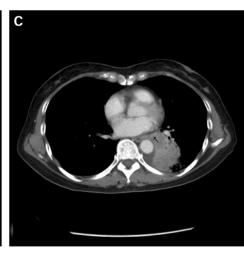


Figure 1 (A) Chest radiograph showing left lower lobe consolidation. (B) CT scan revealing a left lower lobe mass neighbouring the left pulmonary artery and descending thoracic aorta with encasement of the bronchi. (C) CT scan with contrast medium showing a highly suspicious feeding artery arising from the descending aorta (arrow).

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