

Chondroma of the bronchus

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A case of endobronchial chondroma is described and the reports of the three other cases previously published are noted.

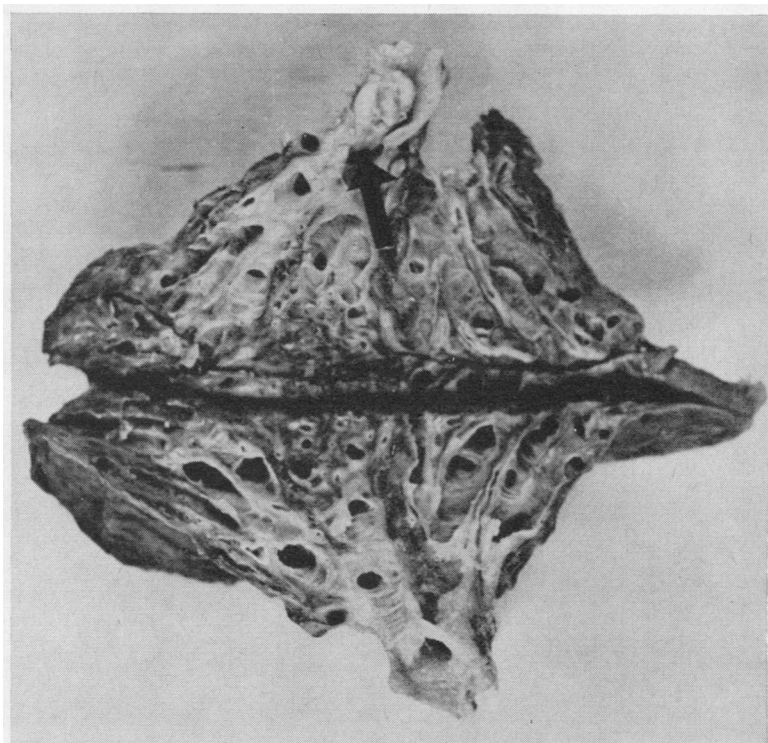
Chondroma of the bronchus is rare. It has to be distinguished from the cartilage-bearing tumours of other sites in the lung and from the endobronchial hamartomata and so-called chondroadenomata. Details are given of a further case of endobronchial chondroma.

CASE HISTORY

A man aged 60 years, symptom free and who smoked 10 cigarettes a day, had a routine mass radiograph of the chest. This showed a collapsed left lower lobe. Four months later further radiographs were taken ;

these showed no change. Laboratory investigations were negative. Bronchoscopy showed a pedunculated pink tumour situated in the wall of the left lower lobe bronchus, 'probably a carcinoma but could be an adenoma'. A biopsy of this showed a papillary nodule covered by squamous epithelium and with a congested fibrous stroma. The lobe was subsequently resected. The tumour blocking the lobar bronchus measured 2×1×1 cm. and arose by a narrow stalk from the beginning of the posterior bronchus (Figs 1 and 2). Its cut surface showed small solid masses of cartilage. There was bronchiectasis of the collapsed lobe from which coagulase-positive staphylococci were grown. Histology

FIG. 1. *The opened upper lobe, showing the chondroma (arrowed) and massive bronchiectasis.*



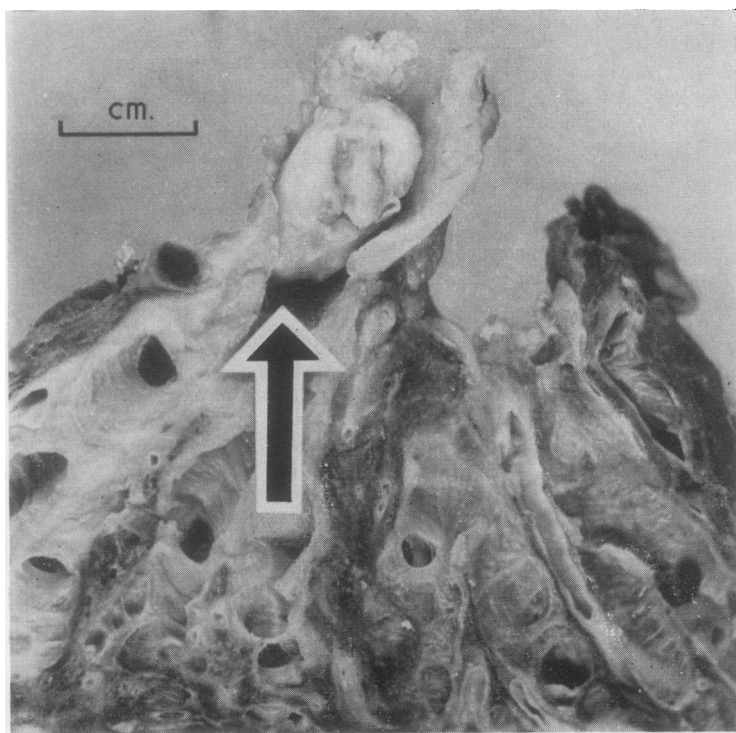


FIG. 2. *The pedicle of the chondroma (arrowed).*

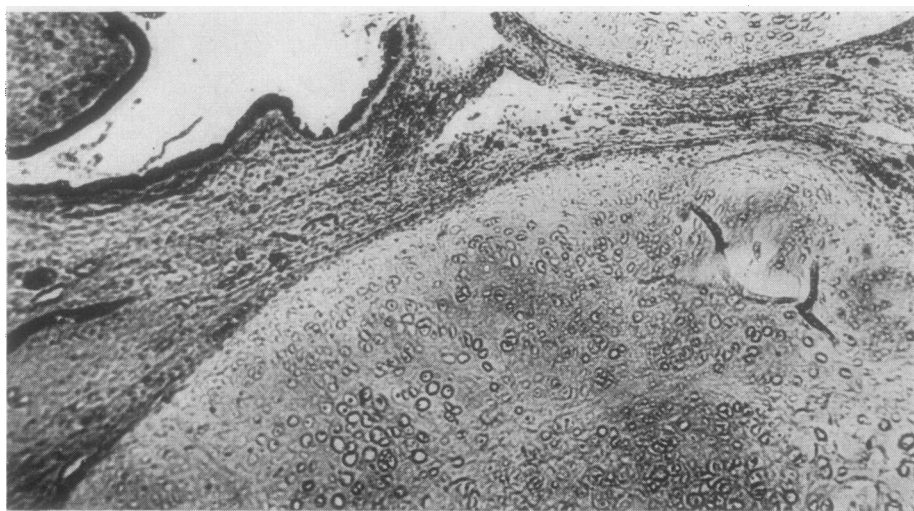


FIG. 3. *Columnar epithelium covers the mass of cartilage.*

(Fig. 3) showed a tumour covered by columnar epithelium and consisting of cartilage with regular chondrocytes lying singly, in pairs or in threes. Other bronchial elements were absent; the lymph nodes showed anthracosis only. A diagnosis of endobronchial chondroma was made.

DISCUSSION

Perry (1959) stated that the existence of chondromata in this site is rare. Lebert (1845) first described a discrete pulmonary lesion composed mainly of cartilage. The number of recorded cases of cartilaginous tumours arising in the main bronchi is lower than that of intrapulmonary cartilaginous tumours and the majority of endobronchial cartilage-bearing tumours are hamartomata or chondro-adenomata. Cases of endobronchial chondroma include those of Davidson (1941), DeAngelis, Roberto, and Sochan (1960), and Doyle-Kelly (1960). Liebow (1952) discussed the pathological features of chondroma and the differentiation from hamartoma. Apart from the covering epithelium the chondroma consists of cartilage without glands or other elements. No

predilection for any particular bronchus has been apparent, and the sex ratio has been three males to one female. The ages have ranged between 52 and 66 years.

The findings in the present case are similar to those reported elsewhere and are consistent with Liebow's criteria.

The fact that the patient was symptom-free despite extensive bronchiectasis is worthy of note. The presentation was not unlike that of a bronchogenic carcinoma.

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