

Tracheal squamous cell papilloma with an aberrant artery in the stalk

Yahua Li ¹, Kewei Ren,¹ Liqun Ye,² Jianzhuang Ren,¹ Xinwei Han¹

¹Interventional Radiology, The First Affiliated Hospital of Zhengzhou University, Zhengzhou City, China

²Department of Respiratory Medicine, The First Affiliated Hospital of Zhengzhou University, Zhengzhou City, China

Correspondence to

Dr Xinwei Han, Interventional Radiology, The First Affiliated Hospital of Zhengzhou University, Zhengzhou City, China; fcchanxw@zzu.edu.cn

YL and KR contributed equally.

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An 81-year-old woman presented with a 1-year history of chronic cough and progressive breath shortness. Physical examination was notable for wheezing. Her laboratory test results were normal. The chest contrast-enhanced CT scan revealed a

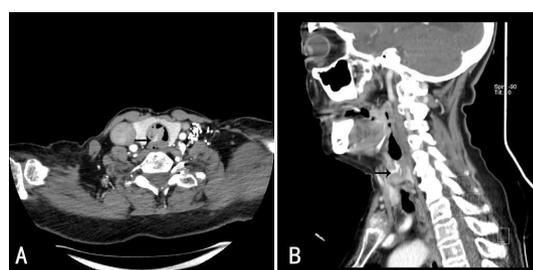


Figure 1 (A) Contrast-enhanced CT scan suggests a cauliflower-like lesion (1.5 cm×1.6 cm) at the level of the thyroid with an aberrant feeding artery in the stalk (black arrow). (B) Sagittal reconstruction image shows the artery inside the lesion (black arrow).

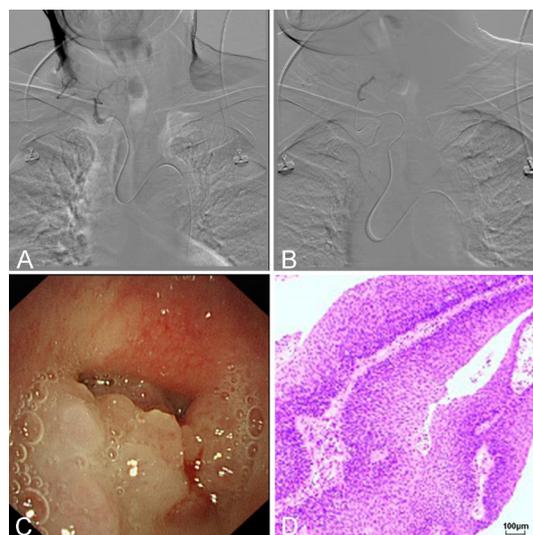


Figure 2 (A) Angiography shows that the feeding artery originated from the thyrocervical trunk. (B) After embolisation, the feeding artery was occluded. (C) Bronchoscopy reveals that the cauliflower-like lesion almost occluded the trachea. (D) H&E staining suggests that the lesion is squamous cell papilloma.

cauliflower-like lesion in the upper third dorsolateral trachea, and an artery in the stalk of the tumour was observed (figure 1A,B). Considering the potential of massive bleeding during bronchoscopic resection, artery embolisation was performed. Angiography showed that the feeding artery originated from the thyrocervical trunk (figure 2A). Gelatin sponge particles were used to embolise the feeding artery (figure 2B). Then, the patient was transported to the bronchoscopy room for tumour resection (figure 2C). Finally, the tumour was entirely resected with mild bleeding. Histopathological examination suggested that the histological type of this lesion was squamous cell papilloma (SCP) (figure 2D).

Originating from squamous cell epithelium, SCP is a rare benign tumour that has the potential of malignant transformation.¹ Smoking, age above 40 years and infections with HPV serotype 16 or 18 are risk factors that increase the chance of malignant transformation.^{2,3} In cases with an aberrant artery in the stalk of the SCP, selected artery embolisation is an effective way to reduce bleeding.

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ORCID iD

Yahua Li <http://orcid.org/0000-0001-6871-1544>

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