

46. **Beeh KM**, Beier J, Buhl R, *et al*. Efficacy of tiotropium bromide (Spiriva) in patients with chronic obstructive pulmonary disease (COPD) of varying severity. *Pneumologie* 2006;**60**:341–6.
47. **Moher D**, Schulz KF, Altman DG. The CONSORT statement: revised recommendations for improving the quality of reports of parallel-group randomized trials. *Ann Intern Med* 2001;**134**:657–62.
48. **Spencer S**, Jones PW, Globe Study Group. Time course of recovery of health status following an infective exacerbation of chronic bronchitis. *Thorax* 2003;**58**:589–93.
49. **Seemungal TAR**, Donaldson GC, Bhowmik A, *et al*. Time course and recovery of exacerbations in patients with chronic obstructive pulmonary disease. *Am J Respir Crit Care Med* 2000;**161**:1608–13.
50. **Calverley PM**, Anderson JA, Celli B, *et al*. Salmeterol and fluticasone propionate and survival in chronic obstructive pulmonary disease. *N Engl J Med* 2007;**356**:775–89.
51. **Altman DG**. Confidence intervals for the number needed to treat. *BMJ* 1998;**317**:1309–12.
52. **Cook RJ**, Sackett DL. The number needed to treat: a clinically useful measure of treatment effect. *BMJ* 1995;**310**:452–4.

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;

Competing interests: None.

Thorax 2008;**63**:128. doi:10.1136/thx.2007.088237

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.

