ANSWER

From question on page 309

The major abnormalities shown in the CT and bronchoscopic images are nodularity and plaques on the anterolateral walls of the trachea and main bronchi. This is caused by tracheobronchopathia osteochondroplastica (TO). First described by Samuel Wilks in 1857, it is a rare benign condition of unknown aetiology observed in about 0.1% of bronchoscopies. A diagnosis of TO is suggested by characteristic sessile submucosal cartilaginous or bony excrescences in the lower trachea and upper main bronchi. Most patients are asymptomatic or have mild cough or haemoptysis requiring occasional courses of antibiotics. Some clinicians challenge the need to attempt tissue biopsy of certain benign lung conditions such as presumed TO; in the future, optical biopsy techniques such as pCLE may avoid this dilemma.

While this patient still has a dry cough, his haemoptysis was successfully treated with a course of oral ciprofloxacin and prednisolone. Together with his chronic obstructive pulmonary disease, his TO symptoms will be monitored and treated accordingly.

REFERENCES


Under probe-based confocal laser endomicroscopy (pCLE) imaging; this regular pattern is destroyed in neoplasia and is possibly also disrupted in benign conditions. pCLE imaging of the nodular excrescences in this patient showed a mottled fluorescent submucosa but without any evidence of the cross-hatched healthy basement membrane. Some clinicians challenge the need to attempt tissue biopsy of certain benign lung conditions such as presumed TO; in the future, optical biopsy techniques such as pCLE may avoid this dilemma.

While this patient still has a dry cough, his haemoptysis was successfully treated with a course of oral ciprofloxacin and prednisolone. Together with his chronic obstructive pulmonary disease, his TO symptoms will be monitored and treated accordingly.

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Pulmonary puzzle