



## IMAGES IN THORAX

## Endobronchial lipoma mimicking bronchial carcinoid tumour

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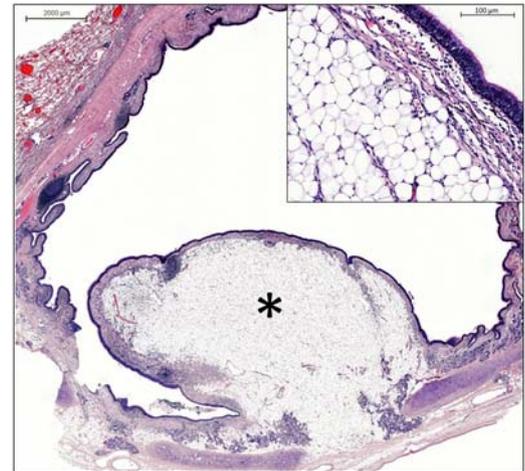
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A 68-year-old smoker on aspirin/clopidogrel due to recent percutaneous coronary intervention (PCI) / stenting presented with intermittent haemoptysis. Bronchoscopy revealed an endoluminal tumour in a right-lower-lobe segment (figure 1). No biopsy was taken due to bleeding risk. Aspirate analysis showed sparse cells with granular cytoplasm, and a presumptive diagnosis of bronchial carcinoid was made. CT scan showed no lymphadenopathy. After stopping clopidogrel and absent signs for progression on CT scan/bronchoscopy, right-lower lobectomy was performed. Histological analysis revealed a submucosal lipoma (figure 2).

Differential diagnosis of endobronchial tumours encompasses benign (eg hamartoma, lipoma)<sup>1</sup> and malignant lesions (eg bronchial carcinoid, metastasis, mucoepidermoid or adenocystic carcinoma).<sup>2</sup> Biopsy has to be weighed against bleeding risk especially if a bronchial carcinoid is considered. Retrospectively, a lipoma could have been suspected based on the density of the lesion (−122 HU) and the endoscopic appearance. The management of our case was misled by the cells with granular



**Figure 2** Sagittal section through the bronchus containing the endobronchial tumour (asterisk). The tumour originates from the submucosal layer of the bronchus. Upper edge: magnification of the tumour surface. The tumour is composed of mature fat and covered by respiratory epithelium.



**Figure 1** Bronchoscopic view of a well-circumscribed, yellowish polypoid mass obstructing a segment of the right lower lobe.

cytoplasm in the aspirate—arising from a ganglion beside the lipoma—and underlies the importance of a multistep-based diagnostic algorithm.

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**Patient consent** Obtained.

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**REFERENCES**

- 1 Cao D, Sun Y, Yang S. Endobronchial lipoma: an unusual cause of bronchial obstruction. *Case Rep Med* 2011;2011:939808.
- 2 Li Z, Zarogoulidis P, Kougioumtzi I, et al. Surgical approaches of endobronchial neoplasms. *J Thorac Dis* 2013;5 (Suppl 4):S378–82.

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