

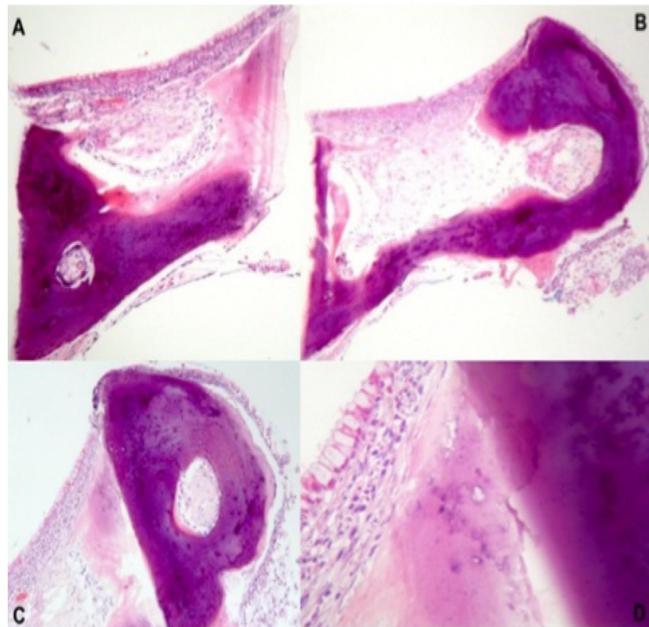
Tracheobronchopathia Osteochondroplastica in a Patient with de Novo Diagnosis of HIV Infection: A Case Report

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Introduction

The Tracheobronchopathia Osteochondroplastica (TO) is a rare disorder of unknown cause, characterized by the presence of calcified nodular lesions projecting into the lumen of the tracheobronchial tree; is a cause of chronic cough. Documenting typical lesions in bronchoscopy makes the diagnosis. It is a benign disorder that usually does not require specific treatment, but some cases can cause airway obstruction and require surgical management. We report the case of a patient with newly diagnosed HIV (human immunodeficiency virus), in whom lesions of (TO) were found during the study of respiratory symptoms.



A,B,C. Respiratory epithelium with submucosal bony nodules and formation of hematopoietic tissue H & E. Ciliated respiratory epithelium D. global cell and transitional area between bone and cartilage tissue H & E.

Methods

We reviewed the clinical history data.



Thorax CT and bronchoscopy of Tracheobronchopathia Osteochondroplastica



Case description

A 65-year-old man was evaluated with cough, mild hemoptysis, fever, sweating, weight loss and diarrhea of 8 months of evolution. He had a non-significant prior history, was a non-smoker and had no significant physical examination findings.

CBC with leukopenia, without anemia or thrombocytopenia, CRP 0.2 mg / dl, negative tests for viral hepatitis, a nonreactive RPR and was diagnosed HIV infection with a CD4 of 267 (15%) and PPD10 mm.

Thorax CT scan with normal parenchyma, trachea with dense calcified nodules, which were confirmed with FBO; where nodules were seen protruding into the main bronchus respecting the membrane wall without causing significant airway obstruction. In the BAL, *Mycobacterium gordonae* was isolated, which was considered a non-pathogen. The biopsy identified submucosal cartilaginous and bony nodules on tracheal arches, without compromising the membrane wall, some of which contained hematopoietic tissue, and transitional areas between cartilage and bone. Antiretroviral management and INH for latent TB therapy was initiated, his evolution has been appropriate, he has gained weight and have not resubmitted hemoptysis.

Bibliography

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Discussion

TO is an uncommon benign lesion of unknown cause, characterized by nodules within the airway, described in 1850. It is proposed to BMP-2 and TGF-B1 as potential promoters in the formation of submucosal nodules. It occurs in people over 50 years, is more common in men and is usually an incidental finding. Ours is the first reported case associated with HIV infection. Symptoms are usually chronic cough, dyspnea, stridor, hemoptysis, and recurrent infections.

CT showed nodules in the arches of cartilage of the tracheal lumen, which were usually calcified. The FBO showed irregular nodule that respected the membrane wall. Biopsy revealed nodules in the submucosa, with squamous metaplasia, calcifications and hematopoiesis in ossified areas.

The disease has a slow evolution with good a prognosis, but can cause tracheal stenosis. There is no specific management, occasionally endoscopic resection or ablation can be performed.



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