

7. Kongres Hrvatskog
torakalnog društva

7th Congress of Croatian
Thoracic Society

TORAKS

2017

Hotel Westin Zagreb

26. - 29. TRAVANJ / APRIL



A RARE CASE OF ENDOBRONCHIAL LEIOMYOMA

BATELJA VULETIĆ L.¹, Šepac A.¹, Seiwerth S.¹

¹ Medical school of Zagreb University of Zagreb, , Zagreb, Croatia
Department of pathology

Introduction: Leiomyoma is benign smooth muscle neoplasm with common localization in genitourinary or gastrointestinal tract of the body. Primary lung leiomyoma is very rare, account less than 2% of all benign lung tumors, and only one third of them is located endobronchial. Very few cases have been reported in literature. Case report: A 38-years old man who works in production of ceramic tiles, presented with history of productive cough, tiredness and loss of 8 kg body weight since 3 months. Very fast after completion of antibiotic therapy, prescribed by family doctor, symptoms have worsened. He started diagnostic procedure in University Hospital Centre Osijek; chest X-ray showed lung infiltration and tumor mass in right bronchus and sputum was negative for tumor cells. Patient was transferred to University Hospital Centre Zagreb, location Jordanovac. Auscultation revealed on the right side breathing sound attenuated, almost inaudible at the base. High resolution computed tomography thorax showed intraluminal, smooth tumor in the distal trachea, continues in the main right bronchus with complete obstruction of the bronchi of the right lower lobe. Upon bronchoscopy was showed round, smooth tumor with well vascularized surface, on the border between the trachea and main bronchus. Loop electroresection was done, tumor was fully extracted, base of tumor was coagulated by photo laser. Macroscopic tumor was identical to bronchoscopic description. Histopathological examination showed tumor composed of bundles and whorls of spindle shaped cells, without nuclear atypia, necrosis and with mitotic activity ≤ 1 mitotic cell/20 HPF s. Some of tumor cells showed degenerative changes, and on the part of tumor surface was intact ciliated columnar epithelium. Immunohistochemistry of tumor showed diffuse positivity for caldesmon and smooth muscle actin, focal positivity for desmin and vimentin and negative reactivity for AE1 / AE3, CD34 and S100. Conclusion: A definitive diagnosis of primary endobronchial leiomyoma was made on the basis of pathological analysis; histopathology and immunohistochemistry, after bronchoscopic visualization of the tumor. Tumors that are treated with endoscopic excision have varying degrees of recurrence and the following of this

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patient is needed.

Litarure:

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