Carcinoid tumour presenting as recurrent pneumonia

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DESCRIPTION

A 39-year-old woman non-smoker gave a history of three separate episodes of pneumonia over 2 years. Each involved the right lower lobe (figure 1), and clinical plus chest radiographic resolution was achieved following antibiotics. CT of the chest revealed a partially calcified lesion lying externally adjacent to the right lower lobe bronchus causing partial compression of the lumen (figure 2A, arrow) with distal bronchiectasis confined to the right lower lobe (figure 2B, arrows). Positron emission tomography scan showed no other lesions.

Rigid bronchoscopy demonstrated a vascular mass in the lower lobe orifice adjacent to the middle lobe. A right lower lobectomy was performed. Histology confirmed a 1.4×1×1 cm carcinoid tumour with clear resection margins and no lymph node involvement. She made a full recovery.

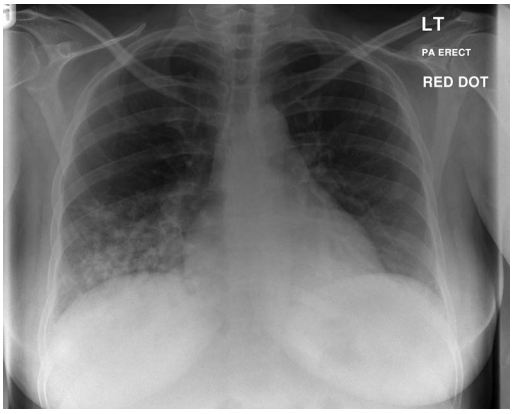

Figure 1 Chest radiograph showing right lower lobe consolidation.

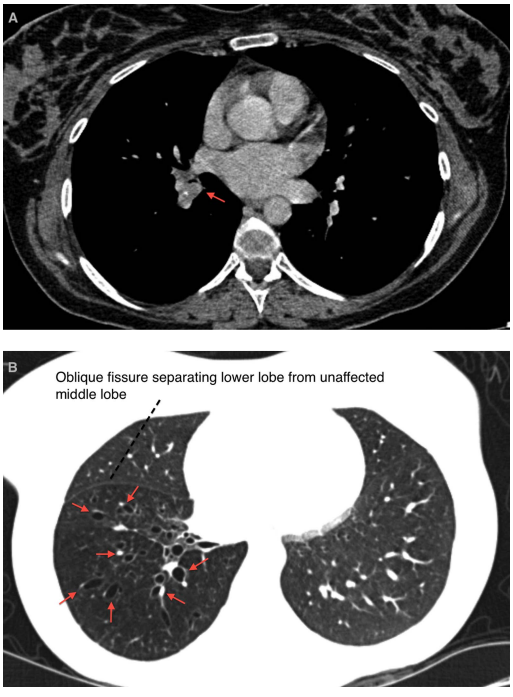

Figure 2 (A) CT scan showing a partially calcified lesion causing obstruction to the lumen of the right lower lobe bronchus. (B) CT scan showing distal bronchiectasis.

Learning points

- Pneumonia recurring at a fixed location should prompt exclusion of anatomical abnormalities including congenital malformations, obstructing lesions and bronchiectasis.
- Here, bronchiectasis arose secondary to a slow-growing, curable tumour.
- Carcinoid tumours are rare (1–2% of all lung tumours),[1] and the majority of symptoms arise from direct involvement of the bronchopulmonary tree.[2]

Contributors RD and ML were involved in the drafting, selection of images and revision of the manuscript. JC and CC were involved in the interpretation and selection of the imaging studies. All authors have agreed on the final version. RD is the guarantor of the content.

Competing interests None.

Patient consent Obtained.

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