Tracheobronchopathia osteochondroplastica: a mouthful or an airway full?

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DESCRIPTION

An 80-year-old man was referred to the lung cancer clinic with a CT scan showing irregularity in the trachea and larger airways (figure 1). He had a history of prostate cancer, rheumatoid arthritis, colonic polyps and diverticulosis. He had no cough, haemoptysis or difficulty in breathing.

A bronchoscopy was arranged, which demonstrated diffuse mucosal irregularity throughout the trachea and main bronchi with sparing of the posterior membranous wall (figure 2). Histology confirmed connective tissue with foci of cartilage and

Figure 1 CT of the chest demonstrating mucosal irregularity in the trachea.

Figure 3 Histology slide showing normal bronchial mucosa with cartilaginous and osseous metaplasia.

bone consistent with a diagnosis of tracheobronchopathia osteochondroplastica (figure 3).

Learning points

- ▶ This is a rare benign condition characterised by abnormal growth of cartilage. In many cases it is asymptomatic but may cause cough, dyspnoea and hoarse voice.¹ In severe cases it can result in airway obstruction amenable to linear tracheoplasty.²

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Competing interests None.

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- 2 Grillo HC, Wright CD. Airway obstruction owing to tracheopathia osteoplastica: treatment by linear tracheoplasty. *Ann Thorac Surg* 2005;79:1676–81.

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Figure 2 Mucosal irregularity in the trachea with sparing of posterior membranous wall.

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