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 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

Contributors

AS wrote the script and collated the images.
JF proofread the script. NM provided the histology slide.
IB provided the bronchoscopy photo.

Competing interests

None.

Patient consent

Obtained.

Provenance and peer review

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REFERENCES
