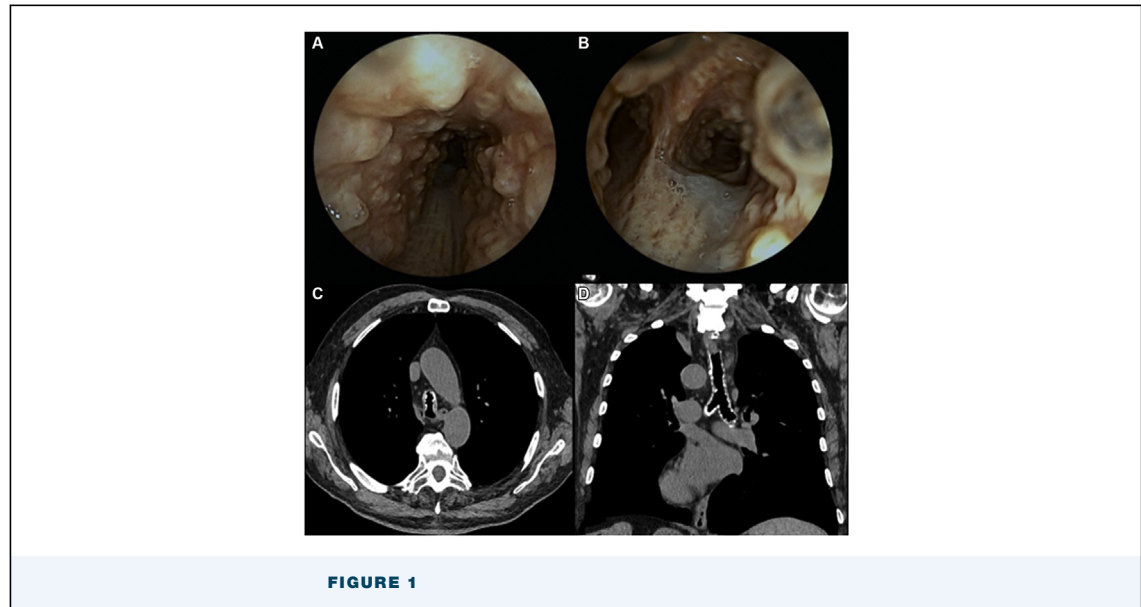


Tracheobronchopathia Osteochondroplastica Arising With Hemoptysis



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A 74-year-old man presented in an outpatient setting for a recent episode of hemoptysis.¹ A computed tomography scan of the thorax was first performed, showing moderate thickening of the tracheal walls with multiple calcifications. Fibrobronchoscopy was carried out next. The mucosa showed multiple firm, whitish and glossy nodules from the carina to the right and left main bronchus. The membranous part was not involved. Multiple biopsy specimens were taken at the carinal plane and trachea for histologic examination. Bronchoalveolar lavage fluid was obtained for cytologic and microbiologic examination.²

In Figure 1, we can see the typical endoscopic aspect with diffuse mucosal calcifications sparing the membranous part (Figures 1A, 1B); also depicted are transverse and coronal computed tomography views of the thorax (Figures 1C, 1D). Histologic examination reported mucosal flaps partly covered by respiratory epithelium characterized by fragments of bone and adipose tissue within the subcutaneous stroma. Microbiologic and cytologic examination findings were normal. Based on clinical history, radiologic findings, and bronchoscopic features with the pathognomonic “cobblestone” or “rock garden” sign, we assessed the diagnosis of tracheobronchopathia osteochondroplastica.³ The patient was then sent to pneumologic follow-up.

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