

Clinical Image

Foreign Body Aspiration Simulating Lung Cancer

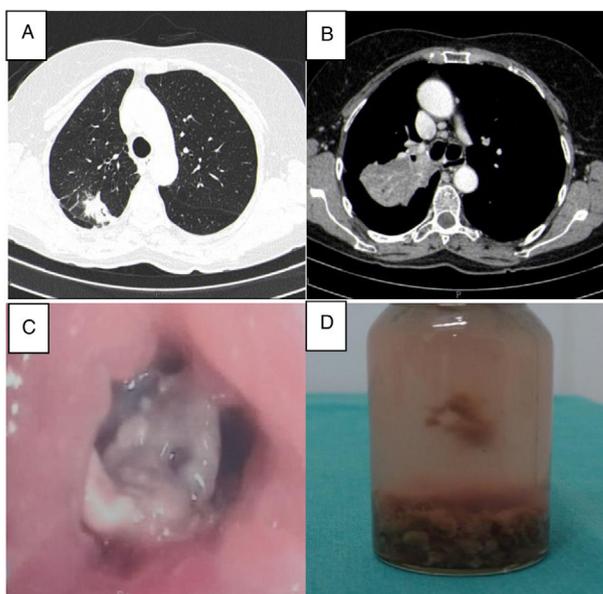
Aspiración de cuerpo extraño que simula cáncer de pulmón

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**Fig. 1.** (A and B) Computerized tomography (CT) of the chest showed a nodular image with a diameter of 24 mm and atelectasis of the posterior segment of the right upper lobe; (C) flexible bronchoscopy revealed total obstruction of the posterior segment of the right upper lobe by amorphous material with abundant granulation tissue; (D) macroscopic appearance of the aspirated material was compatible with rice grains.

A 78-year-old man presented with a history of blood in sputum for 15 days. The patient had no relevant medical history. Laboratory tests showed iron deficiency anemia, but no other relevant findings. A computerized tomography (CT) of the chest was performed, which showed a nodular image with a diameter of 24 mm and atelectasis of the posterior segment of the right upper lobe. The patient was admitted for further investigation with diagnosis of probable lung cancer. Flexible bronchoscopy revealed total obstruction of the posterior segment of the right upper lobe by amorphous material with abundant granulation tissue. Saline injection into the occluded segment led to fragmentation of the

material, which was aspirated and sent for characterization. The macroscopic appearance of the aspirated material was compatible with rice grains. The histological analysis of the bronchial lavage showed numerous fungal structures with characteristics of *Aspergillus* species. Later, after being confronted with these findings, the patient recalled several episodes suggestive of choke while eating rice. One week later, revision bronchoscopy showed complete resolution of the bronchial obstruction, with no relevant endoscopic findings (Fig. 1).

This case shows the importance of a detailed history while investigating patients with chronic symptoms and lung abnormalities on CT scan. The possibility of foreign body aspiration should not be overlooked, as the patient might not recall or emphasize the episode(s) of aspiration. Undiagnosed and retained foreign bodies may result in serious complications, such as pneumonia or atelectasis.

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