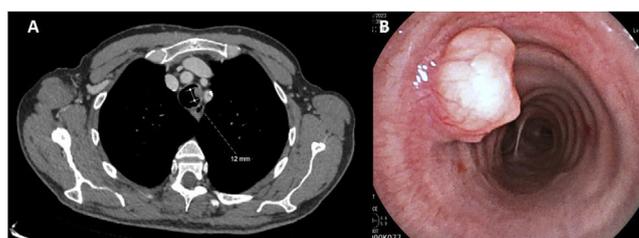


## Clinical Image

# Pleomorphic Adenoma of the Trachea

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**Fig. 1.** (A) Thoracic computerized tomography in axial plane demonstrating a polypoid lesion in the left side of the middle third of the trachea, with a maximum diameter of 12 mm. (B) Endotracheal view of the trachea, confirming the presence of a vascularized polypoid lesion in the left wall of the middle third of the trachea.

A 66 year-old male with a history of smoking (35 pack-year units) and gastric adenocarcinoma was referred to a Pulmonology consultation because of abnormal imaging findings. During routine follow-up, thoraco-abdominal computerized tomography was performed, revealing a polypoid lesion in the middle third of the trachea, with a maximum diameter of 12 mm (Fig. 1A). He was asymptomatic and had a normal physical examination. Flexible bronchoscopy was performed, confirming the presence of an intra-luminal, highly vascularized polypoid lesion in the middle third of the trachea (Fig. 1B). Biopsies were performed, providing the diagnosis of a pleomorphic adenoma. After multidisciplinary discussion the patient was referred to Thoracic Surgery; segmental tracheal resection was successfully performed.

Pleomorphic adenomas are the most common tumors of the salivary glands but are rare in the trachea (2–9%).<sup>1</sup> Presentation is often delayed due to their insidious growth; radical treatment must be considered due to the high risk of recurrence.<sup>1,2</sup> Although surgical segmental resection has been the preferred option, bronchoscopic intervention, with the aid of electrocautery or argon-plasma coagulation has been described.<sup>1,3</sup> Given the rarity of this entity, its clinical course and optimal follow-up remain undetermined. Local recurrence has been documented after more than ten years.<sup>2</sup>

## Conflict of Interests

The authors state that they have no conflict of interests.

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