

Clinical Image

**Endobronchial Chondroma: An Unusual Case of Bronchial Obstruction**☆



**Condroma endobronquial: un caso atípico de obstrucción bronquial**

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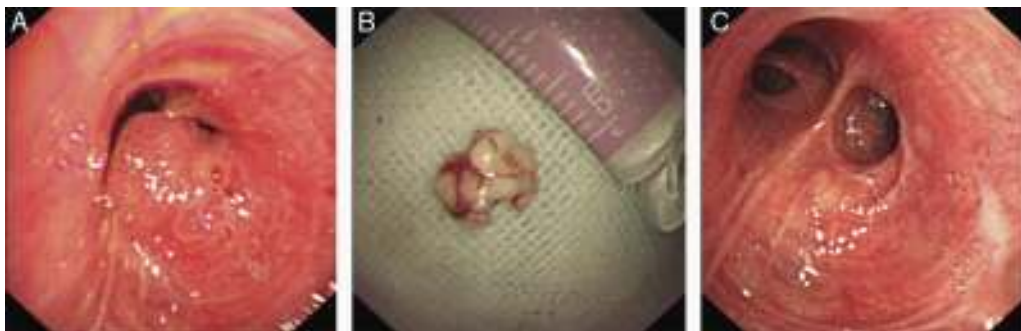
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We report the case of a 65-year-old man with 2-month history of exertional dyspnea. Chest CT showed a mass in the left upper bronchus. Bronchoscopy revealed a possibly malignant, moruloid, highly vascularized, pink tumor partially obstructing the opening of the left lobar bronchus (Fig. 1A). When the surface of the tumor was lifted, a pediculated, hard, yellowish mass similar to popcorn was revealed. Attempts to remove the mass by forceps were unsuccessful, so cryotherapy was successfully used, with complete resection and resolution of the obstruction (Fig. 1B). There were no complications. Histopathological examination of the tumor confirmed the diagnosis of chondroma. A repeat bronchoscopy performed 8 weeks later showed an unobstructed left upper bronchus and normal bronchial mucosa at the site of resection (Fig. 1C).

Endobronchial chondromas are rare benign tumors.<sup>1</sup> They are often diagnosed late, because of their slow growth and unspecific symptoms, and can be misdiagnosed as malignancies.<sup>1</sup> Many treatment options, ranging from endobronchial techniques (argon plasma coagulation, YAG laser, etc.) to surgical resection, are available. To the best of our knowledge, this is the first report of the use of cryotherapy during flexible bronchoscopy for the removal of an endobronchial chondroma.

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**Fig. 1.** Bronchoscopy image of a moruloid, highly vascularized, pink tumor (A), resected to reveal a hard popcorn-like mass (B), unobstructed left upper bronchus and normal bronchial mucosa at the site of resection (C).

**Reference**

1. Fernández-Bussy S, Labarca G, Descalzi F, Pires Y, Santos M, Folch E, et al. Endobronchial chondromas. *Respir Care*. 2014;59:e193–6.

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