



Clinical Image

Endobronchial Schwannoma Involving the Carina[☆]

Schwannoma endobronquial que afectaba a la carina

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A 69-years-old male patient, non-smoker, with exertional dyspnea for the last 6 months, underwent a chest CT scan that revealed a large tumor mass under the carina with endobronchial involvement and obstruction of both main bronchi (Fig. 1a). Bronchoscopy showed two lobulated endobronchial masses protruding on each side of the main carina, with a bright, smooth, and highly vascularized surface. The masses extended 3 cm to the proximal segment of both main bronchi, producing a 90% bronchial lumen obstruction (Fig. 1b). The endobronchial component was treated with LASER photocoagulation and mechanical resection with significant desobstruction and symptom improvement. Histopathology revealed a benign schwannoma (fusiform cells with S100 expression). Definitive treatment consisted of carinal resection with reconstruction of a neocarina between the trachea and right and left main bronchi. Bronchoscopy 18 months after surgery showed a narrow right upper bronchus, straight intermediate bronchus, a S-shaped neocarina with a shifted left main bronchus (Fig. 1c and 1d). Endobronchial schwannoma is a rare entity, accounting for just 2% of benign tracheobronchial tumors. These tumors may affect any part of the tracheobronchial tree, with intra or extraluminal involvement.¹ Clinical presentation depends on the tumor size and location. Treatment consists of surgical resection, especially in tumors with extraluminal extension.²

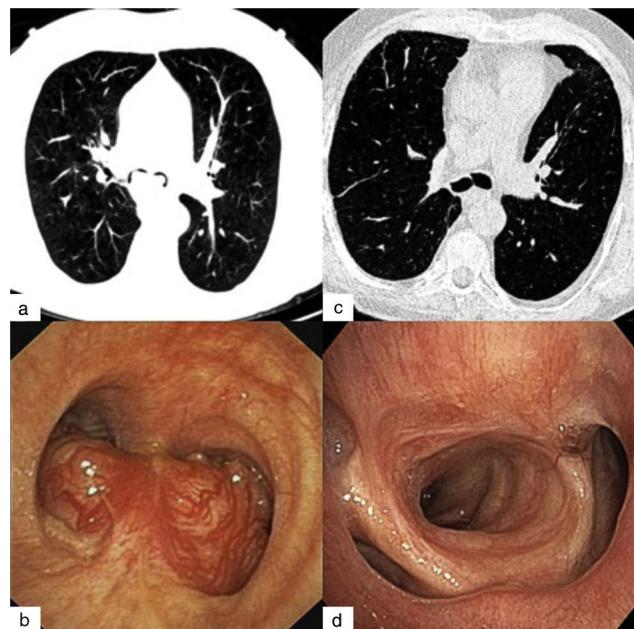


Fig. 1. (a) Initial chest CT scan, (b) endobronchial mass occluding the main bronchi, (c) chest CT scan at reevaluation, and (d) tracheal view – from left to right: right upper bronchus, intermediate bronchus, carina and entrance to the left main bronchus.

References

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