

Clinical Image

Endobronchial Lipoma Excision by Cryotherapy and Flexible Bronchoscopy[☆]

Exéresis mediante crioterapia y broncoscopia flexible de lipoma endobronquial

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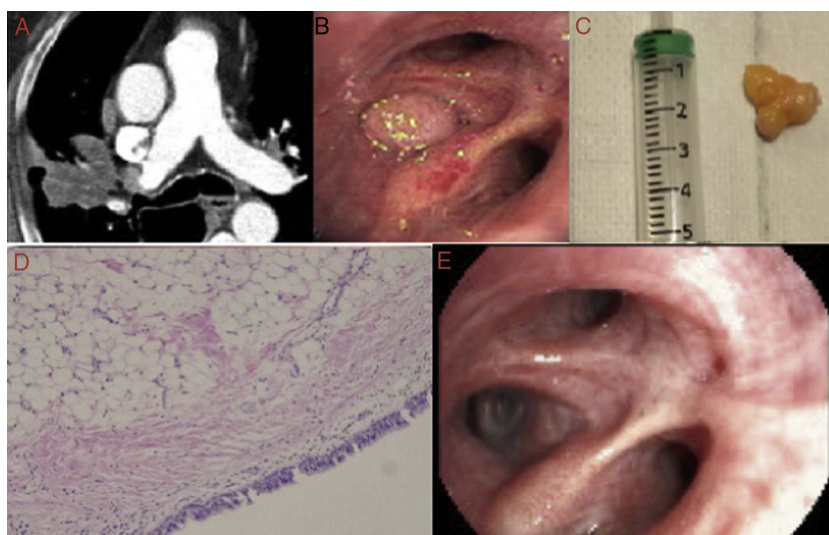


Fig. 1. (A) Lesion of fat density in the chest CT scan in the anterior segmental bronchus of the right upper lobe. (B) Examination with flexible fiberoptic bronchoscopy, showing the lesion occupying the entrance to anterior segmental bronchus of the right upper lobe. (C) Image of the lesion after excision. (D) Histologic image of the lesion ($\times 10$). (E) Image of recanalization of anterior segmental bronchus of the right upper lobe after treatment.

We report the case of a 69-year-old man with a history of alveolar infiltrate in the right upper lobe, without radiological resolution despite the administration of empirical antibiotic treatment. Computed tomography (CT) showed a lesion of fat density (-100 UH) located in the anterior segmental bronchus (corresponding to B3) extending to subsegmental bronchi B3A and B3B (Fig. 1A). The lesion was subsequently confirmed with flexible bronchoscopy (Fig. 1B). It was completely resected under general anesthesia with laryngeal mask, using the Pentax Medical EB19-J10[®] flexible bronchoscope and ERBE[®] cryotherapy probe (2.4 mm diameter). There were no complications during the procedure.

The pathology report characterized the lesion as an endobronchial lipoma, a rare benign entity (incidence of 0.5%),¹ with

a clinical progress that in most cases is insidious (hemoptysis, dyspnea, cough, etc.) or silent (Fig. 1C and D). Surgical intervention has now been relegated to the background as a result of advances in respiratory endoscopy, a procedure that is less invasive and relatively free of complications.²

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References

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