



Clinical Image

The role of flexible bronchoscopy in the upper airway pathology of immunosuppressed patients[☆]

El papel de la broncoscopia flexible en la patología de vía aérea superior de pacientes inmunodeprimidos

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We report the case of a 57-year-old woman with no toxic habits, who had cervical carcinoma *in situ* surgically resected in 1988 and acute myeloid leukemia in 2017 with subsequent relapse in 2019, for which she received rescue treatment and allogeneic hematopoietic stem cell transplantation (alloSCT) with CD34+ selection. She reported cough and mucosal expectoration not responding to antibiotic treatment, so flexible bronchoscopy

was performed, revealing whitish plaques, some with ulceration, in the epiglottis and arytenoid cartilages (Fig. 1A) that were biopsied with forceps. Histopathology of these biopsies reported bands of squamous epithelium with low-grade squamous intraepithelial lesion and PCR was positive for human papillomavirus (HPV), genotype 35.¹ Two weeks later, a bronchoscopy was performed showing improvement of the lesions (Fig. 1B). After assessment by gynecology, vaccination was indicated 6 months post-alloSCT.

Microbiological and anatomopathological studies of non-typical upper airway endoscopic lesions in immunocompromised patients are essential in the differential diagnosis. The typical HPV lesion is exophytic, and ulcers are very rare. Vaccination at an early age can prevent HPV infection,² which is clearly associated with certain gynecologic cancers.

References

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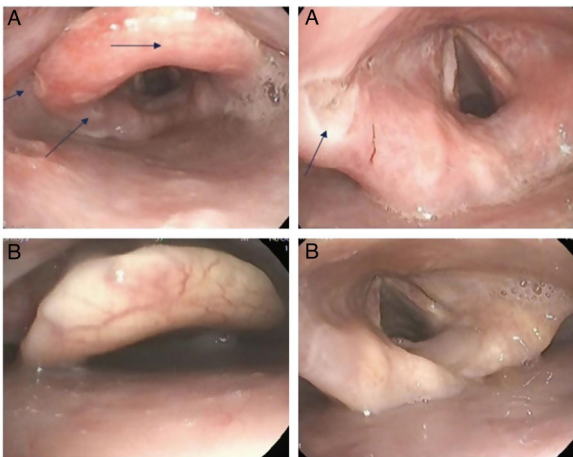


Figure 1. A. Ulcers (arrows) seen on flexible bronchoscopy. B. Lesions practically resolved in follow-up bronchoscopy.

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