

Clinical Image

Endoscopic Management of Tracheal Neurofibroma[☆]

Tratamiento endoscópico de neurofibroma traqueal

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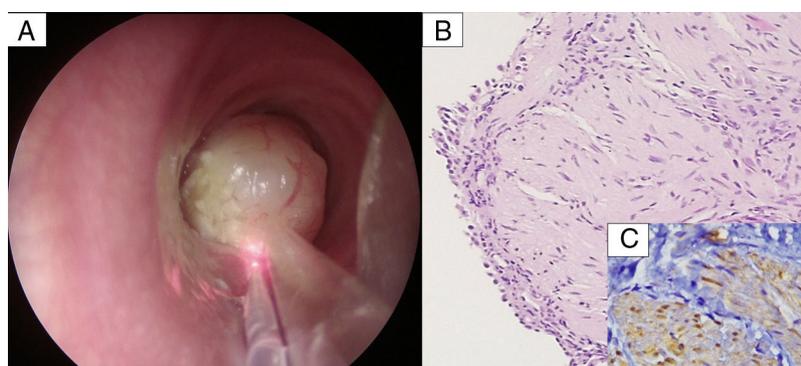


Image 1. (A) Image of the endotracheal tumor via the rigid bronchoscope, with the Nd:YAG laser fiber and aspiration probe. (B) Proliferation of spindle cells, cigar-shaped nuclei, and elongated cytoplasm, below the bronchial epithelium, H-E $\times 20$. (C) S100 positivity for in these cells, $\times 40$.

We report the case of a 24-year-old patient with a finding of a tracheal mass, seen in the respiratory medicine department for a study of probable asthma. He had been diagnosed with neurofibromatosis type 1 in childhood.

During the exploration of a 12-month history of progressive dyspnea, an alteration was observed in the image of the trachea on chest X-ray, and flattening of the F/V curves was detected. Bronchoscopy revealed a tracheal sessile mass, 5 cm from the vocal cords, with 90% blockage of the lumen. The tracheal tumor was removed under general anesthesia and rigid bronchoscopy using mechanical resection and Nd-YAG laser coagulation (Image 1A).

The pathological study revealed myxoid tissue with spindle cells, cigar-shaped nuclei, and elongated cytoplasm. The immunohistochemical study showed an abundant presence of S100 protein. The diagnosis was endotracheal neurofibroma (Image 1 B and C).

The patient remains asymptomatic and free of recurrence 14 months after the intervention.

The bronchoscopic treatment of neurogenic tumors was first reported in 1983.¹ Endoscopic treatment without surgery can be considered definitive in benign polypoid tumors with a lesion base of less than 15 mm² and a strictly intraluminal component, since the risk of recurrence is extremely low.²

References

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