It is a progressive disease with a high rate of relapse and poor prognosis, and the main cause of death is lung function deterioration secondary to infection or pleuroperticardial effusion.

The case presented is especially unusual due to the age at which it debuted, which is the highest seen in the literature. It is also uncommon due to its clinical expression, with mediastinal lymphadenopathies and pleuroparenchymal affection from its onset, unlike the majority of the published cases. Minimally invasive surgery was used for the diagnosis as well as for the treatment with positive results, and it has been shown to be an effective technique with minimal morbidity and mortality. Despite the poor prognosis of the disease, 5 years after the treatment the patient has not presented new episodes of pleuroperticardial effusions, nor has he required hospitalization for other symptoms, currently presenting only exertional dyspnea.

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Fig. 1. Endoscopic treatment of post-lung transplantation bronchial stenoses in our center.

References


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