Peripheral Intrapulmonary Lipoma: A Case Report

Lipoma intrapulmonar periférico: reporte de un caso

To the Editor,

Endobronchial pulmonary lipomas are rare, and intraparenchymal endobronchial lipomas are even more so. We report the case of a 62-year-old housewife, never-smoker, with a history of vaginitis, psoriasis, hypertension and hysterectomy. During a private health check-up, a chest X-ray revealed a radiopaque mass, 4 cm × 3 cm, with defined borders in the right lung base. She was referred to the Instituto Oncológico Nacional Dr. Juan Tanca Marengo, in Guayaquil, Ecuador. Lung auscultation revealed reduced breath sounds in the right lung base. Other physical examination parameters were normal. Hematology, biochemistry, tumor marker (CEA, CYFRA 21-1, NSE) and lung function test results were within normal values. Chest computed tomography (CT) showed aformation of soft tissues with attenuation coefficient for fat and irregular outline in the right posterior basal segment, containing a 4 cm × 3 cm macrocalcification. The patient underwent right thoracotomy, revealing a tumor in the right posterior basal section of the lung. Right lower lobectomy was performed, with no postsurgical complications. Pathology study of the sample reported intraparenchymal lipoma.

Pulmonary lipomas are thought to represent 0.1%–0.5% of all lung tumors. They occur within the bronchus and very occasionally in the lung periphery. According to Watts, Claggett and MacDonald, lipomas in the lung parenchyma or below the pleura were adequately balanced with respect to COPD severity (GOLD 2, 3 and 4 in both groups) and clinical presentation (vital signs, oxygenation on admission, leukocytosis).

The meta-analysis published by Cheng et al.5 also reinforces the hypothesis that lower doses of corticosteroids (30–80 mg of prednisolone for 5 days) can be safely used in inpatients with COPD exacerbation.

This meta-analysis and the REDUCE clinical trial are perhaps the only studies to support short in-hospital regimens, and further research will probably be required to confirm this in special populations (e.g. patients with persistent bronchospasm). However, we consider that GesEPOC guidelines should include this patient population, and indicate that this treatment regimen is not limited to outpatients treated for COPD exacerbation.

References

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