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Clinical image

A Pulmonary Inflammatory Chondroid Hamartoma With So-called Placental Transmogrification Feature in a Pleural Location. Pathogenic Considerations About This Unusual Disorder

Hamartoma condroide inflamatorio con transmogrificación placentaria de localización pleural. Consideraciones patogénicas sobre esta inusual enfermedad

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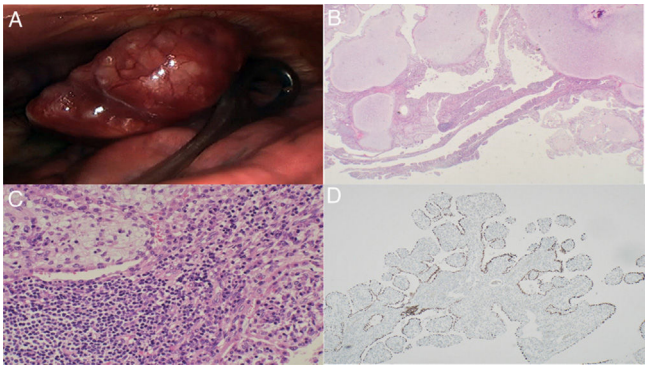

Fig. 1. (A) Videothoracoscopic removal of pleuropulmonary tumor from anterior segment of left upper lobe. (B) The tumor displayed long villus-like papillae completely lined by epithelium. Note prominent cartilaginous stromal component H&E, 4×. (C) Dense lymphoplasmacytic infiltrate surrounding and intermingling with cartilaginous stroma. H&E, 20×. (D) Immunostaining for TTF-1 confirmed that villi were lined by respiratory epithelium. Immunohistochemistry, 40×.

A 53-year-old male patient was examined following incidental observation of an unsuspected mass on a chest X-ray. Computed tomography scan and videothoracoscopy revealed a solid pleural mass. A subsequent bone scan demonstrated multifocal radiotracer uptake within coarse intratumoral calcifications. Histopathological examination showed a benign mesenchymal proliferation with abundant long, fine projections consisting of mature cartilaginous nodules, mature fat and a dense lymphoplasmacytic infiltrate with lymphoid aggregates. The tumor was lined by an epithelial monolayer staining positive for cytokeratin and TTF-1, but not for calretinin, WT1 or podoplanin, thus indicating respiratory epithelium rather than mesothelium (Fig. 1). The tumor was labeled as pleural inflammatory chondroid hamartoma. Inflammation, a significant finding here, has not hitherto been reported in conjunction with hamartoma [1]. The characteristic projections that we have described were previously reported with the odd term of placental transmogrification because its similarity with the chorionic villi [2]. We postulate that this pseudo-villus appearance is a consequence of the combination of the metaplastic transformation of the mesenchymal tissue and the respiratory epithelial hyperplasia, all this due to a chronic inflammation. There was no evidence of any immune disorder, and the reason for this inflammatory infiltrate remains uncertain.

Conflict of interest

Miguel A. Idoate serves as a consultant of Pathology Department of University Hospital Virgen Macarena and has no conflict of interest.

Inmaculada Sabariego-Arenas serves as a consultant of Thoracic Surgery Department of University Hospital Virgen Macarena and has no conflict of interest.

Jesús Machuca-Aguado serves as a consultant of Pathology Department of University Hospital Virgen Macarena and has no conflict of interest.

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