The diagnosis of FEP is reached by carefully evaluating the patient’s anamnesis and clinical characteristics. Symptoms at presentation include cough, dyspnea, fever, and chest pain after hydrocarbon aspiration.\textsuperscript{2,3} The diagnosis can also be confirmed by the presence of lipid-laden macrophages in bronchoalveolar lavage fluid in the context of recent exposure to volatile hydrocarbons.\textsuperscript{2,4} Tomographic findings in patients with FEP include unilateral or bilateral lung consolidation, with or without low attenuation caused by lipid density or necrosis,\textsuperscript{4} well-defined nodules, pneumatoceles (well-defined cavitated nodules), pleural effusion, and spontaneous pneumothorax.\textsuperscript{2} The lesions commonly involve both lower lobes.\textsuperscript{4}

FEP is a pseudo-infectious lung disease characterized by the intense release of inflammatory cytokines. The use of steroids is controversial, but this treatment may improve the outcome in severely affected patients. Prophylactic antibiotics seem to be of benefit, as fever and an elevated leukocyte count can occur and may indicate associated bacterial pneumonia.\textsuperscript{2,4} Most patients with FEP experience complete recovery within weeks. However, complications such as pulmonary abscess, effusion, bronchopleural fistula formation, and bacterial superinfection may develop.\textsuperscript{3,4} In conclusion, FEP should be included in the differential diagnosis of pneumonias. Clinical diagnosis is based on recent exposure to volatile hydrocarbons, as symptoms and imaging findings are non-specific.

References

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In the light of this experience, we used AcuBlade in another challenging case involving management of granulations complicating subglottic stent placement. The lesions completely destroyed vocal folds with luminal stent obstruction. AcuBlade was able to create a precise haemostatic excision of granulations without injuring vocal folds. It allowed us to assure airway patency while avoiding other treatments such as arytenoidectomy or cordectomy with adverse effect on phonatory function.

Finally, AcuBlade may be a useful tool in the armamentarium of the interventional bronchoscopist. Compared to traditional lasers, it gives a highly uniform, hemostatic incision with minimal thermal spread. In addition, the type of incision can be adapted to the shape of lesion.

References


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