



Clinical Image

Sclerosing Pneumocytoma Presenting as Endobronchial Tumor With Negative Autofluorescence

Tumor endobronquial con autofluorescencia negativa: Neumocitoma esclerosante

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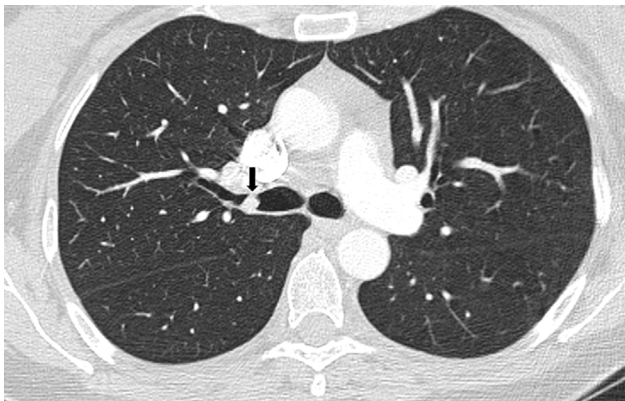


Fig. 1. CT scan image with hyperdense lesion on main right bronchi.

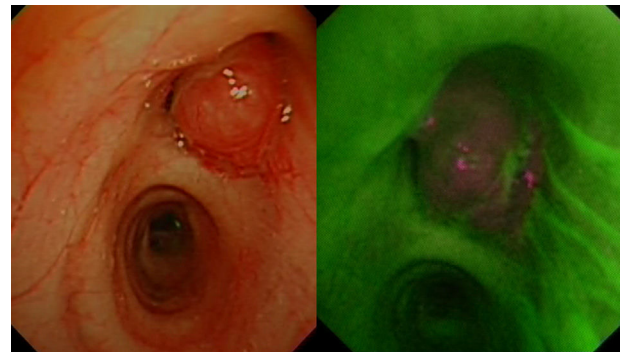


Fig. 2. (A) Endobronchial view of pedunculated lesion on right upper lobe bronchus with white light. (B) Negative autofluorescence bronchoscopy of endobronchial lesion.

51 years-old female patient with stage pT3N1M1b colon adenocarcinoma, with an isolated liver injury, diagnosed in 2019, initial treatment with laparoscopic sigmoidectomy, and subsequent chemotherapy using capecitabine and oxiplatin. In the extension initial study, an hyperdense nodular lesion is observed at the entrance of the main right bronchus (Fig. 1 black arrow) without uptake on PET/CT. The bronchoscopy shows an hypervascular pedunculated polyp lesion at the entrance of right upper lobe bronchus (Fig. 2A) with negative autofluorescence (Fig. 2B).

Biopsy shows proliferation of small cells wrapped by hyalinizing stroma with a proliferation index of KI 67 less of 2%. Immunohistochemistry with Cytokeratin AE1/AE3 and positive TTF1, was suitable with sclerosing pneumocytoma. The multidisciplinary committee agreed to treat firstly liver metastasy and reassess treatment of benign endobronchial lesion after a completely recovery.

The sclerosing pneumocytoma (SP) is a rare benign lung tumor predominant in women. The endobronchial location is not frequent (1% of the SP), commonly with an asymptomatic presentation. Bronchoscopy shows an endobronchial polypoid lesion with edematous mucosa, with an intraluminal protrusion. At the pathohistological test, a positivity is shown toward TTF1, cytokeratin AE1/AE3, napsin-A and EMA (epithelial membrane antigen).¹ Surgical resection is used as the first therapeutic option, although it may be considered a conservative management.²

Conflicts of interests

Authors declare no conflicts of interest.

References

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