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# CASE REPORT

## CASE PRESENTATION

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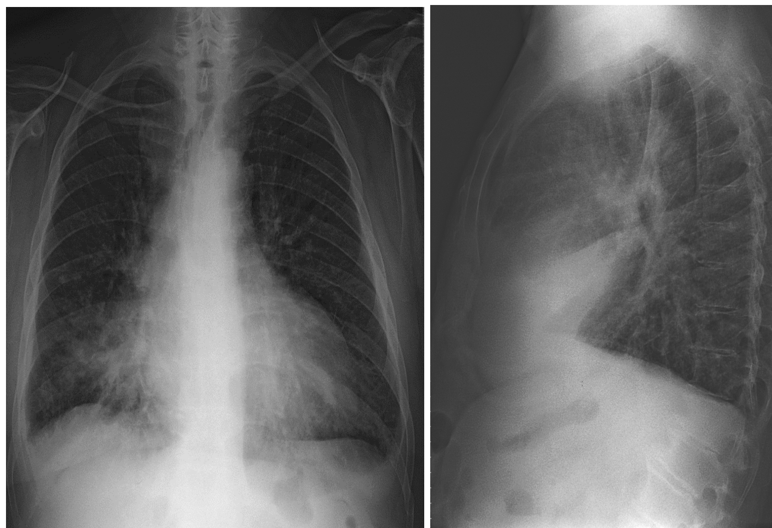
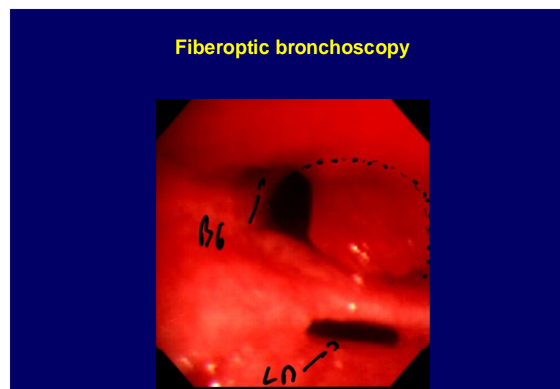
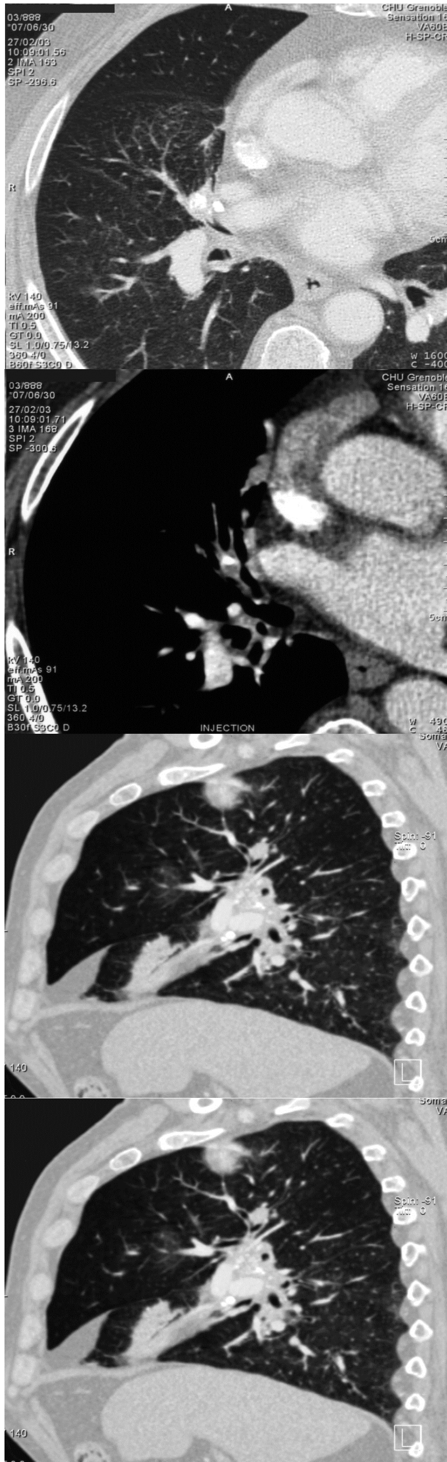
A male patient; 34 year-old; smoker ; COPD for 4 years presented with recurrent episodes of acute bronchitis and mild hemoptysis.
A chest X-ray was performed.

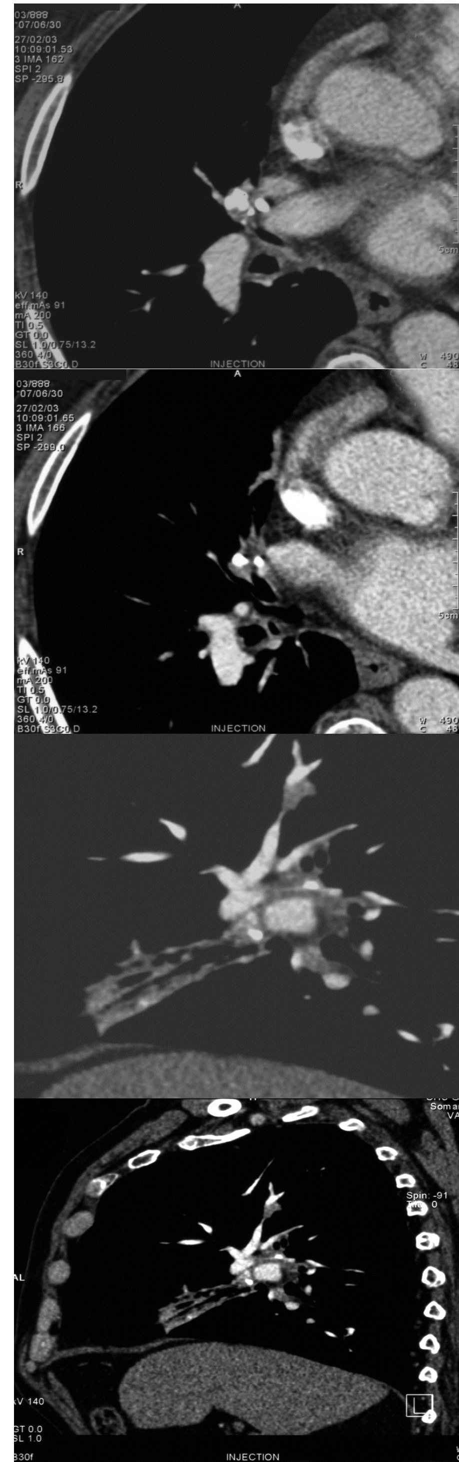


Fiberoptic bronchoscopy was the next investigation.



CT chest was the next step.





What is the most probable diagnosis?

# ANSWER

**Bronholithiasis**

- Calcified material within a bronchus OR distortion of the TBT without erosion by peribronchial calcified nodes.

- Clinical manifestations usually suggest tumor.
  - Chronic cough
  - Recurrent pneumonia
  - Hemoptysis
  - Lithoptysis

- Cause.
  - Tuberculosis
  - Histoplasmosis
  - Systemic fungi infections

- Chest radiography (low sensitivity).
  - Hilar and mediastinal calcification
  - Atelectasis
  - Obstructive pneumonia

- Fiber-optic bronchoscopy.
  - limited sensitivity (30-60%) to detect broncholithiasis
  - Pseudo-tumor / inflammation / too distal
  - Exclude endobronchial neoplasm

- CT.
  - calcified node inside a bronchus or peribronchial
  - Bronchial obstruction (atelectasis, bronchiectasis, air trapping)
  - Absence of soft tissue mass

**Treatment**

Most symptomatic broncholiths should be removed.

- segmentectomy / lobectomy
- bronchoscopically if free broncholith
- High risk of severe hemoptysis in case of bronchoscopic extraction of a partially encrusted broncholith