International Journal of Research and Review
www.gkpublication.in E-ISSN: 2349-9788; P-ISSN: 2454-2237

Clinical Image

Tracheobronchopathia Osteochondroplastica

Vishnukanth Govindaraj

Assistant Professor, Department of Pulmonary Medicine, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry-605006.

Received: 27/12/2015 *Revised: 14/01/2016* *Accepted: 14/01/2016*

ABSTRACT

Tracheobronchopathia osteochondroplastica is a benign condition wherein there occur bony deposits in the tracheobronchial tree. Patients can present with symptoms similar to bronchial asthma. The diagnosis is usually suspected by a CT chest. Bronchoscopy confirms the diagnosis. There is no specific treatment for this condition.

Keywords: tracheobronchopathia osteochondroplastica, submucosal nodules, bronchoscopy, computed tomography.

INTRODUCTION

A 55 year old house wife presented with symptoms of recurrent cough and breathlessness since last two years. There was no seasonal exacerbation or exposure to smoke. She had no past history of tuberculosis and had no recurrent respiratory tract infections. She had no comorbid illness. Upon examination she had no clubbing or cyanosis. She maintained saturation at room air. The respiratory system was unremarkable except for mild monophonic wheeze in the right inter scapular region. Her chest x ray was normal. A CT chest was performed to look for airway obstruction. CT chest showed presence of calcified nodules in the trachea and major bronchi. (Fig 1 &2)The posterior part of trachea was not involved. A possibility of TO was considered. Patient is currently managed with inhaled bronchodilators and her condition is stable.

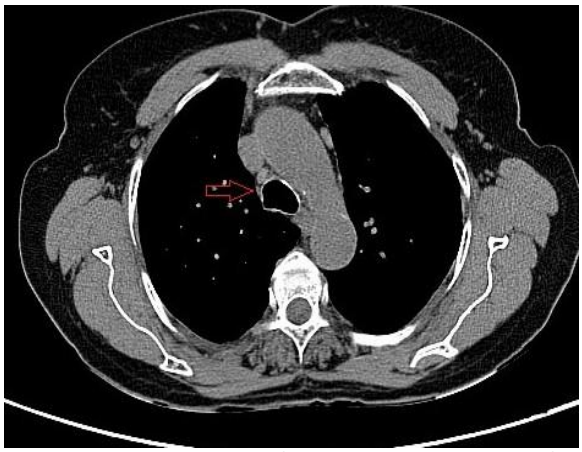

Fig 1: trachea showing calcified nodules with sparing of posterior surface.

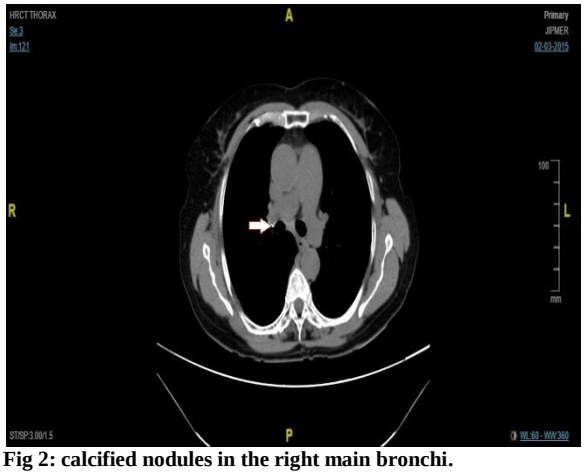

Fig 2: calcified nodules in the right main bronchi.

Tracheobronchopathia osteochondroplastica (TO) is a rare disease of unknown etiology. This benign condition is characterized by cartilaginous or bony submucosal deposits in the tracheobronchial tree. The lung parenchyma is usually not involved. [1] The disease process usually involves the cartilage part of trachea with sparing of the posterior membranous part of trachea. The disorder usually manifests in adults and has a male predilection. Patients present with recurrent cough, breathlessness, wheezing and occasional hemoptysis. [2,3] The condition may mimic bronchial asthma. Symptoms are due to projection of the nodules into the lumen with consequent airway narrowing. Recurrent respiratory tract infections do occur. Diagnosis can be made incidentally by computed tomography of the chest which may reveal submucosal nodules protruding into the lumen of major airways. Chest x ray is usually normal. [2] For confirmation a bronchoscopy is necessary. On Bronchoscopy there may be presence of sub mucosal nodules in the trachea and major bronchi with sparing of posterior part of trachea. There is no specific therapy for this disorder; management includes bronchodilators and treatment of pulmonary infections. In cases of severe airway narrowing, bronchoscopic dilatation may be necessary. [1]

REFERENCES

1. Lazor R, Cordier JF. Tracheobronchopathia osteochondroplastica, orphanet encyclopedia. June 2014.
2. M.S. Barthwal, R.S. Chatterji and A. Mehta. Tracheobronchopathia Osteochondroplastica. *Indian J Chest Dis Allied Sci* 2004; 46 : 43-46]
3. Prakash UB. Tracheobronchopathia osteochondroplastica. *Semin Respir Crit Care Med.* 2002 Apr; 23(2):167-75.

How to cite this article: Govindaraj V. Tracheobronchopathia osteochondroplastica. Int J Res Rev. 2016; 3(1):104-105.

****