A 47-year-old woman presented with a persistent cough of two months’ duration. She was a former smoker of 10 pack-years, who had recently been treated with antibiotics for an episode of pneumonia. Her physical examination (including auscultation of lungs) was normal, as was a chest radiograph. In light of her history of smoking, we ordered computed tomography of the chest, which showed a lesion containing subtle calcification in the left main bronchus (Figure 1A). Bronchoscopy showed a pedunculated polypoid lesion covered by smooth, normal-appearing mucosa obstructing the distal portion of the left main bronchus. Biopsy was nondiagnostic. Endoscopic snare excision using a flexible bronchoscope (Appendix 1, video available at www.cmaj.ca/lookup/suppl/doi:10.1503/cmaj.110134/-/DC1) led to a diagnosis of a benign hamartoma containing bronchial glands, fat, cartilage and bone (Figure 1B).

Malignant growth in lungs is the most frequent cause of bronchial obstruction in adults, with benign tumours accounting for a minority of instances.2 Hamartomas are the most common benign endobronchial lesions.2 In many instances, symptomatic endobronchial hamartomas and other benign lesions of the bronchi are amenable to endoscopic resection using either a flexible or rigid bronchoscope, the latter being particularly useful for piecemeal extraction of tumour fragments following laser fulguration.3 Our case report illustrates that the cause of bronchial obstruction is not always malignant and that endoscopic techniques may spare patients the morbidity of thoracotomy and airway resection.1,2 The prognosis in completely resected lesions is excellent.1,2

References