

IMAGES IN OTORHINOLARYNGOLOGY

Tracheal Osteochondromas, Accidental Finding[☆]



Osteocondromas traqueales, hallazgo casual

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A 73-year-old female patient presented at the ENT department with respiratory failure and nasal dryness, and posterior rhinorrhoea and symptoms compatible with sinusitis. With associated bronchial asthma under treatment.

At the level of the nostrils, fibroscopy revealed the presence of atrophic mucosa with abundant scabs, exploration of the larynx was normal (Fig. 1).

At the level of the subglottis, and in the upper third of the trachea, nodular and mamelonated tumours were observed around its entire circumference sparing the *pars membranosa* (Fig. 2).

The patient was referred to the pneumology department, where a bronchoscopy was performed and biopsy

of the lesions which were affecting the entire circumference of the trachea, and the major bronchi, with partial stenosis of the left bronchus. The pathology report was: cartilage with the presence of dystrophic calcifications with no other disorders, compatible with osteochondroplastic tracheobronchopathy.

Osteochondroplastic tracheobronchopathy is a benign disease of unknown aetiology, although it can be associated with chronic inflammatory processes of the airway. It is characterised by submucous bony and cartilaginous nodules, or nodules of both types, in the larynx, trachea and proximal portion of the major bronchi sparing the membranous part.

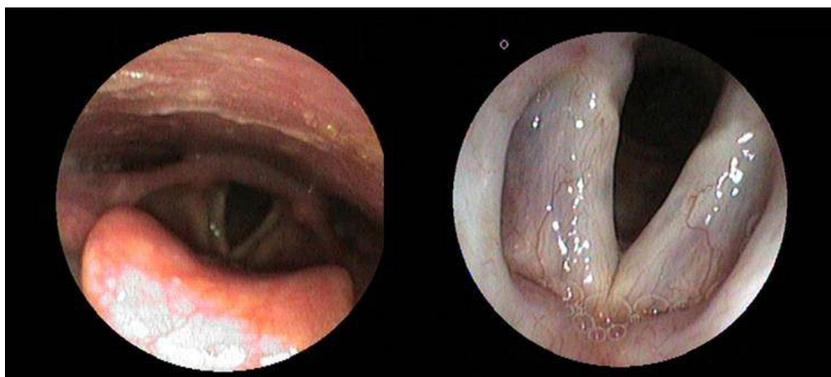


Figure 1

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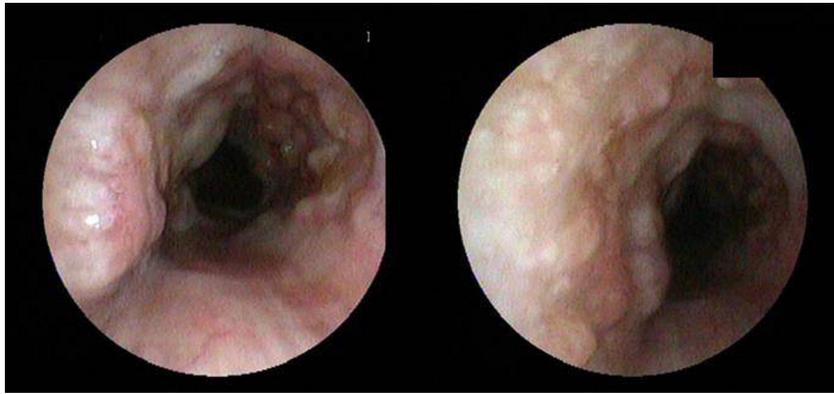


Figure 2

The symptoms are varied, although it is normally asymptomatic.

The mucosa is histologically normal, atrophic or with squamous metaplastic changes, with the presence of

adipose, cartilaginous tissue and spongy bone at the level of the submucosa.

Treatment is conservative in asymptomatic patients; surgery is reserved for cases of severe obstruction.