A 69-year-old female with uveitis developed an abnormal shadow as revealed on chest radiograph. Computed tomography revealed small nodular shadows and hilar lymph node swelling. Bronchoscopic examination revealed small nodules in the trachea and bilateral main bronchus (Fig. 1). Bronchoalveolar lavage showed a predominant lymphocyte increase (total cell count 2.58×10⁵/ml, differential cell count: macrophage 59%, lymphocyte 40%, neutrophil 1%) and elevation of the CD4/8 T-cell ratio to 11.2. The serum level of angiotensin-converting enzyme was elevated to 32.3 IU/l.

We observed these endobronchial nodular lesions using the side viewing type high magnification bronchovideoscope, XBF240HM5, which was newly developed in corporation with Olympus Medical Systems Co. (Tokyo). High magnification bronchoscopic images with approximately 100 times on a 14-inch television monitor showed round or oval-shaped nodules, those were estimated to be 0.5 to 1 mm in diameter (Fig. 2). An increased microvessel network was found between these nodules. Biopsied specimen revealed pathologically non-caseous granulomas, which were compatible with sarcoidosis (Fig. 3).

Key words: nodular lesion, bronchoscopy

A 69-year-old female with uveitis developed an abnormal shadow as revealed on chest radiograph. Computed tomography revealed small nodular shadows and hilar lymph node swelling. Bronchoscopic examination revealed small nodules in the trachea and bilateral main bronchus (Fig. 1). Bronchoalveolar lavage showed a predominant lymphocyte increase (total cell count 2.58×10⁵/ml, differential cell count: macrophage 59%, lymphocyte 40%, neutrophil 1%) and elevation of the CD4/8 T-cell ratio to 11.2. The serum level of angiotensin-converting enzyme was elevated to 32.3 IU/l.

We observed these endobronchial nodular lesions using the side viewing type high magnification bronchovideoscope, XBF240HM5, which was newly developed in corporation with Olympus Medical Systems Co. (Tokyo). High magnification bronchoscopic images with approximately 100 times on a 14-inch television monitor showed round or oval-shaped nodules, those were estimated to be 0.5 to 1 mm in diameter (Fig. 2). An increased microvessel network was found between these nodules. Biopsied specimen revealed pathologically non-caseous granulomas, which were compatible with sarcoidosis (Fig. 3).

Gen YAMADA, Katsuyuki AKETA, Hiroki TAKAHASHI, Masaaki SATOH* and Shosaku ABE
From the Third Department of Internal Medicine and *the Department of Pathology, Sapporo Medical University School of Medicine, Sapporo
Received for publication February 8, 2004; Accepted for publication March 16, 2005
Reprint requests should be addressed to Dr. Gen Yamada, the Third Department of Internal Medicine,
Sapporo Medical University School of Medicine, South-1 West-16, Chuo-ku, Sapporo 060-8543
Figure 2. High magnification bronchoscopic examination showed round or oval-shaped nodules. Microvessels seemed to run between these nodules.

Figure 3. Biopsied specimen showed non-caseous granulomas in the subepithelial layer. Bar indicates 30 μm.