In a 56-year-old woman with sarcoidosis with an endobronchial mass lesion, a chest computed tomography scan obtained at the level of the carina revealed extensive bilateral mediastinal lymphadenopathy.

Flexible bronchoscopy showed an endobronchial mass in her right lower lobe bronchus.

Microscopic findings of the bronchoscopic biopsy specimens showed hyperplastic submucosal gland and granuloma (arrows) (HE staining, ×100). The noncaseating granuloma in the bronchial submucosa consisted of a cluster of epithelioid cells and a multinucleated giant cell (arrow) (H&E staining, ×400).

Key words: sarcoidosis, bronchoscopy

(DOI: 10.2169/internalmedicine.46.0214)
A 56-year-old woman presented with dry cough for two months. She was a non-smoker. A chest radiograph and CT revealed extensive bilateral mediastinal and hilar lymphadenopathy (Picture 1). Flexible bronchoscopy was performed and demonstrated an endobronchial mass which was located at the orifice of the basal trunk of the right lower lobe (Picture 2). The histological findings of the biopsy specimen showed chronic granulomatous inflammation without caseation necrosis which was consistent with sarcoidosis (Picture 3). Sarcoidosis is a systemic granulomatous disease that primarily affects the lung and lymphatic systems of the body. The lungs are affected in over 90% of patients. Although parenchymal lung disease is more common, the airways may also be involved. The bronchial mucosal abnormalities are usually either mucosal nodularity and/or bronchostenosis. However, an endobronchial mass lesion is very rare. We present a case with an endobronchial mass lesion due to sarcoidosis.

© 2007 The Japanese Society of Internal Medicine
http://www.naika.or.jp/imindex.html