Lipoid Pneumonia with Partial Anomalous Pulmonary Venous Return

Tetsuo Fujita¹, Jiro Terada¹, Motoo Kitagawa² and Koichiro Tatsumi¹

Key words: endogenous lipoid pneumonia, partial anomalous pulmonary venous return (PAPVR)

(Arch Med 55: 1399-1400, 2016)
(DOI: 10.2169/internalmedicine.55.6392)

A 40-year-old man was referred to our hospital because of an abnormal shadow on a chest X-ray. Chest computed tomography revealed a mass-like lesion with ground-glass opacities in the right lower lobe (Picture 1), and partial anomalous pulmonary venous return (PAPVR) (the right lower pulmonary vein (PV) connects to the inferior vena cava (IVC)) with abnormal lung segmentation and a diaphragm hernia (Picture 2). The bronchoscopic findings revealed an additional narrow branch (B*) in the right lower lobe bronchus (Picture 3). A transbronchial lung biopsy

¹Department of Respirology, Graduate School of Medicine, Chiba University, Japan and ²Department of Molecular and Tumor Pathology, Graduate School of Medicine, Chiba University, Japan

Received for publication August 19, 2015; Accepted for publication October 25, 2015

Correspondence to Dr. Jiro Terada, jirotera@chiba-u.jp
through the B* showed the presence of lipid-filled macrophages in the alveolar airspaces (Picture 4). According to these findings, and without any obvious exogenous factors, endogenous lipoid pneumonia due to a bronchial obstruction associated with PAPVR was diagnosed. The abnormal shadow has slightly fluctuated, but remained stable at 4 years of follow-up. Since endogenous lipoid pneumonia is an uncommon disease which can be associated with bronchial obstruction (1), an awareness of these entities is important in clinical practice.

The authors state that they have no Conflict of Interest (COI).

**Reference**