Broncholithiasis and Lithoptysis Associated with Diffuse Panbronchiolitis

Takeshi Saraya, Takuma Yokoyama, Aya Hirata and Hajime Takizawa

Key words: broncholithiasis, lithoptysis, diffuse panbronchiolitis

(A Intern Med 55: 2315-2316, 2016)
(DOI: 10.2169/internalmedicine.55.6479)

A 54-year-old woman was referred to our hospital because of an exacerbated productive cough and pyrexia. She had been diagnosed with diffuse panbronchiolitis (DPB) 20 years before the visit and has been treated with oral macrolides until today. However, her respiratory conditions were refractory to those drugs which required both home oxygen therapy for 15 years and repeated hospital admissions. After this admission, she spontaneously expectorated a yellow colored brittle stone measuring approximately 25 mm in size with a coral-like appearance (Picture A). Thoracic computed tomography after the lithoptysis demonstrated the presence of multiple calcified materials in the bronchial lumen (Picture B-D, arrowheads), suggesting that the expelled substance was composed of calcium phosphate (1). The primary causes of broncholithiasis are associated with silicosis, histoplasmosis, tuberculosis, cryptococcosis, aspergillosis, coc-
cidioidomycosis, and actinomycosis (2). Although the authors found no reports referring to broncholithiasis or lithoptysis occurring in association with DPB; broncholithiasis should be considered as a possible cause of the exacerbation of the respiratory status of such patients.

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

References