A 58-year-old woman was admitted to our hospital due to shortness of breath. An examination showed that no breath sounds from the left lung were audible. Chest computed tomography revealed a 13-mm mass in the left main bronchus (Picture 1). Bronchoscopy showed left bronchial stenosis with extraluminal compression, suggesting that the tumor had originated from the submucosa (Picture 2A). To resect the tumor, surgery was chosen instead of bronchoscopic treatment. The tumor was completely excised using video-assisted thoracic surgery. The tumor was round, white, and

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The histopathologic diagnosis was Antoni-A type schwannoma with nuclear palisading and Verocay bodies, positive for S-100 protein (Picture 4). The stenosis of the left main bronchus was resolved with postoperative bronchoscopy (Picture 2B). The patient’s forced vital capacity (FVC) improved after the operation (1.34 L to 2.60 L). Bronchial schwannomas are very rare, accounting for only 2.2% of benign tracheobronchial tumors (1). Although schwannomas are histologically benign, it is necessary to recognize that they may cause dyspnea due to airway stenosis.

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

Reference


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