Recurrent Respiratory Infection and Hemoptysis in a Young Lady from Rural South India

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A 32 year old lady, hailing from a rural village in Tamil Nadu, presented to our hospital with history of recurrent respiratory infection and frequent blood streaking of sputum. She denied having fever, weight loss, or dyspnoea. There was no history of having had tuberculosis nor was there any contact with a known case of tuberculosis either.

Clinical examination of the chest was unremarkable except for a few crackles in the left infra scapular and infra axillary areas. All basic investigations including sputum smear examination for AFB were negative. Chest X-ray PA view was also normal. A high resolution chest tomography was taken (Figure 1). What is the diagnosis?

CT thorax demonstrated the presence of multiple small osteocartilaginous nodules involving the sub mucosal aspect of anterior, lateral tracheal walls sparing posterior membranous wall (Figure 2, arrows). These features were suggestive of tracheobronchopathia ostechocondroplastica, which was confirmed by the classical appearance of the nodules and the pattern of involvement by flexible fibreoptic bronchoscopy (Figure 3, arrows). Tracheobronchopathia ostechocondroplastica is an uncommon, benign disease affecting the trachea and major airways. Affected patients typically present with recurrent respiratory infections, chronic cough or hemoptysis. The proposed contributing factors to development of this rare disease include genetic predisposition, exposure to cold climate, and even Mycobacterium avium intracellulare infection. The typical bronchoscopic appearance of the nodules itself is diagnostic. Majority of cases require only symptomatic management while a handful need interventions like laser ablation or endoscopic removal of nodules.

Final diagnosis: Tracheobronchopathia Ostechocondroplastica.

References