



A Rare Case of Endobronchial Fibrolipoma Mimicking Carcinoid Tumor

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Clinical Image

A 61-year-old man with recurrent left pneumonia underwent CT-scan that showed lingular atelectasis due to an endobronchial lesion. Radiologic features suggested a diagnosis of lung carcinoid. The patient was a smoker and had a medical history of COPD and arterial hypertension. He underwent a first flexible bronchoscopy in another hospital, with transbronchial needle aspiration biopsy. The histologic examination was not diagnostic. A second bronchoscopic exploration was then performed in our centre, revealing an occlusion of the lingular bronchus that was almost completely occupied with an endobronchial lesion. The mass was rounded, smooth, mobile and with a shiny surface. The entire lesion was removed endoscopically. The final histological examination revealed a bronchial fibrolipoma. After the procedure, the patient performed chest X-ray at 3, 6 and 12 months and no pathological findings were revealed (Figure 1 and 2). Endobronchial fibrolipoma is a rare cause of bronchial obstruction. Early identification and diagnosis of endobronchial fibrolipoma is useful in order to preserve distal lung function before it becomes irreversibly damaged. The treatment of choice is bronchoscopic resection; surgery is reserved in case of long-term atelectasis or pneumonia, causing severe parenchymal damage, or in case of technical difficulties during endoscopic removal.

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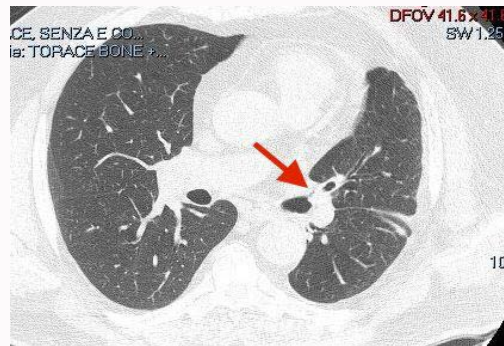


Figure 1: CT-scan: The narrow indicates a lesion in the lingular bronchus.



Figure 2: Endoscopic vision of obstruction in the lingular bronchus.