TRACHEOBRONCHIAL AMYLOIDOSIS – BRONCHOSCOPIC DIAGNOSIS AND THERAPY OF AN UNCOMMON DISEASE – A CASE REPORT

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We report on a 65-year old female who complaint of recurrent broncho-pulmonary infections since 1999. She suffered from permanent cough and progressive dyspnea. CT-scans in 2001 and 2003 and several chest x-rays revealed dystelectasis in varying parts of the lung. Fiber bronchoscopy showed an extreme stenosis of the main left bronchus by tumor suspicious tissue narrowing the airway lumen down to 10%. An oozing of blood after the first biopsy made any further ambulant diagnostic impossible. Therefore the patient was admitted to our department. Rigid bronchoscopy and endobronchial ultrasound (EBUS) excluded malignancy. It showed a diffuse and elongated submucosal edema of the left main bronchus, main carina and parts of the right upper lobe caused by white, hyaline, nodule-like structures. Bronchoscopic biopsy proved most useful in establishing the diagnosis amyloidosis, but caused again a severe bleeding. Argon-Plasma-Laser treatment stopped the bleeding and resulted in a successful recanalization of the left main bronchus. The patient noticed a decrease of dyspnea shortly after the intervention. The following diagnostic procedures (bone marrow biopsy, protein assays etc.) did not show any signs of a systemic or malignant disease. This lead us to the diagnosis of a rare form of isolated tracheobronchial amyloidosis. In knowledge of the diagnosis CT imaging retrospectively showed beginning in 2001 a progressive airway narrowing and mural thickening of the left main bronchus - 2 major consequences of amyloid infiltration.