00355 NOT ALL WHO WHEEZES ARE ASTHMATICS

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Case Report: YES

Background: Malignant central airway obstruction usually develop gradually resulting in patients incorrectly diagnosed as asthma or chronic obstructive pulmonary disease leading to delayed diagnosis and treatment. In our clinical case series with present two patients with malignant endobronchial lesions masquerading as asthma who had undergone curative endoscopic therapy.

Case report: The first patient was a 38-year-old gentleman who presented with a chronic cough associated with breathlessness. He was empirically treated as asthma but did not respond to standard treatment. Eight years prior, he had a curative lobectomy (right middle lobe and right lower lobe) for mucoepidermoid carcinoma. Given the previous history of malignancy, a flexible bronchoscopy was performed and revealed a stalked lesion in the left main bronchus which was successfully snared and removed during rigid bronchoscopy under general anaesthesia. Histopathological examination revealed recurrent mucoepidermoid carcinoma. Residual nodules were removed using cryoablation & argon plasma coagulation. Since computed tomography of the thorax showed localised disease and surgical intervention was not advisable considering his previous lobectomy, he was closely monitored by surveillance bronchoscopy which had not shown disease recurrence.

The second patient was a 30-year-old lady who presented with increasing shortness of breath at 12 weeks of gestation. She too was empirically treated as asthma but then developed haemoptysis. Chest radiography revealed a collapsed right upper lobe where computed tomography of the thorax confirmed an obstructing lesion originating from the right upper lobe bronchus. Flexible bronchoscopy demonstrated a cherry-red mass in right main bronchus. Shortly after she delivered, we performed a diagnostic cryoprobe biopsy during rigid bronchoscopy under general anaesthesia and histopathological examination revealed typical carcinoid. Unfortunately, the base of the tumour was located at the proximal end of the right upper lobe bronchus thus prohibiting curative lobectomy. Consequently, she had 4 therapeutic rigid bronchoscopies utilising a combination of cryoablation and argon plasma coagulation where the tumour has been successfully removed. Surveillance bronchoscopy had shown complete resolution of the tumour.

Conclusions: The therapeutic approach for malignant central airway obstruction utilises several treatment modalities which may preserve healthy lung which would otherwise be resected. Patient selection is vital and close monitoring is necessary in order to identify any complications and recurrences early and intervene accordingly.