

TRACHEA LYMPHOMA TREATED BY RIGID BRONCHOSCOPE: TWO CASES REPORTS

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Case Report: YES

Background: Primary malignant lymphoma of the trachea is extremely rare. We report two cases of tracheal lymphoma treated with rigid bronchoscope in order to help improve diagnosis and management in central airway stenosis.

Case Report: Case 1 is a 46-year-old female with the complaint of dyspnea for 2 years. Fiberoptic bronchoscopy showed papillary nodules which were fragile and hemorrhagic causing narrowing of most of the proximal tracheal lumen and there're some similar nodules at the opening of right main bronchus. Considering the severity of stenosis in the airway and the risk of hemorrhage during operation, we chose rigid bronchoscope to debulk most of the tumor, drainage through working channel then cauterized and froze the residual malignant tissue. The post-operative pathological analysis confirmed a diagnosis of MALT-small B cell lymphoma. The patient relieved after the remission of obstruction. She received 6 CHOPE chemotherapies afterwards. In 1-year followup further bronchoscope proved the trachea was completely unobstructed. Case 2 is a 79-year-old female complained of shortness of breath and weight loss for 4 month. Bronchoscopy confirmed multiple nodular neoplasms distributed from the proximal trachea to the carina, the neoplasm was lobular in distal trachea which narrowed 80% of the tracheal lumen. The opening of left main bronchus, crest of right middle and lower lobar bronchi had been slightly invaded by the neoplasm. The case was unresectable. The patient was then treated successfully with rigid bronchoscope by debulking the mass from the trachea to the left main bronchus without bleeding a lot. Postoperative pathology showed a MALT lymphoma, possibly B cell originated. The patient's symptom alleviated obviously soon after the procedure. She refused any chemotherapy or radiotherapy and discharged two days later. She didn't announce any discomfort in the 5-month follow-up and fiberoptic bronchoscopy revealed some papillose scattered through the middle and lower trachea without any obvious masses or stenosis in either the trachea or the bronchi.

Conclusion: These are two cases of tracheal MALT lymphoma whose initial manifestation is severe central airway obstruction which may be fatal to the patients. Relieving of the airway obstruction is more important than its diagnosis. Rigid bronchoscope can be a favorable choice for a patient with tracheal stenosis caused by primary MALT lymphoma to relieve obstruction immediately and maintain the curative effect for a relative long time.