00622 Tracheobronchial rhinosporidiosis

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Case Report: YES

Rhinosporidiosis is a chronic granulomatous infection caused by Rhinosporidium seeberi. Tracheobronchial disease is rare and can be life threatening if not recognized and managed appropriately.

CASE PRESENTATION : Two male patients aged 47 and 49 with previous history of surgeries for nasopharyngeal rhinosporidiosis were referrred to our center for evaluation of stridor. Flexible bronchoscopic (FB) examination revealed tracheal and tracheobronchial fleshy mobile pedunculated polypoidal masses attached at several points to mucosa. Patients were taken up for rigid bronchoscopy (RB), snaring of mass lesions with cauterization of base to prevent recurrence. Patients were started on 100 mg/day of oral Dapsone post surgery for a period of 2 years with surveillance bronchoscopy every three months to detect recurrence

DISCUSSION : First tracheobronchial case was reported in 1956 by Thomas et al. A systematic review of literature using the free text term: tracheobronchial rhinosporidiosis revealed nine cases other than the two index cases. Since ten of the eleven cases (91%) had either history or presented with nasal / nasopharyngeal disease we hypothesize that tracheobronchial rhinosporidiosis is likely secondary to chronic aspiration of spores discharged from upper respiratory tract. Various methods have been used in management including tracheostomy, tracheotomy, RB, Laser and FB either in isolation or combination. We believe that use of FB should be restricted in planning initial management as achieving hemostasis in case of bleed and retrieval of mass once it is released from it point of attachment can be very difficult with FB alone. Dapsone therapy was given based on report of degeneration of sporangia with medical therapy with possibility of preventing recurrence.

CONCLUSIONS : Tracheobronchial disease is a rare presentation of Rhinosporidium seeberi infection. The reports are restricted to only those from India unlike other manifestations of this infection. The presentation can be dramatic and consequences drastic if not detected in time. It may be prudent to perform a thorough respiratory evaluation of patients having recurrent nasal or nasopharyngeal disease before planning surgery, especially if they are symptomatic. Resection is possible and complete symptomatic relief can be ensured with combination of modalities including RB, FB and electrocautery. More data is needed regarding long term outcomes of this entity.