

00628 PRIMARY TRACHEAL B CELL LYMPHOMA.Top Author: **bianca domokos***pulmonology, medical university cluj napoca romania**Romania***Area and Category(at submission):**[WCBIP] Bronchoscopy for lung cancer therapy**Presentation Preference:** Poster**Case Report:** YES**Background**

Primary neoplasms of the trachea are rare, accounting for only 0.1% of all malignancies. Approximately 75% are squamous cell carcinomas or adenoid cystic carcinomas. Primary tracheal non-Hodgkin's lymphoma accounts for only 0.2% to 3% of all tracheal tumors. Extranodal lymphoma itself is not uncommon, but patients with extranodal lymphoma only have a 3.6% rate of tracheal-bronchial involvement. From 1973 to 2000, only 28 cases of primary tracheal lymphoma were reported in the literature.

Case report:

A 71 year old woman presented to the Pulmonology hospital for progressive dyspnea on exertion, cough, haemoptysis with an acute onset two weeks prior to submission. The patient was a lifelong smoker. The patient's medical history included COPD, obesity, arterial hypertension. On examination the patient presented stridor during minimal activity. The vital signs and oxygen saturation were normal. The chest x-ray revealed the presence of an upper right lobe atelectasis. Fiberbronchoscopy was performed which revealed subglottic stenosis due to a proliferative lesion with severe tracheal lumen reduction to 1/3 that cannot be exceeded by the endoscope, biopsy was performed. Given the accelerated decline in pulmonary function with emphasis of the dyspnea a second fiberbronchoscopy was performed for therapeutic purposes and bronchoscopic electrocauterization of the tumoral surface and resection with forceps was performed. Deobstruction of the trachea was obtained following the procedure and endoscopic access was possible and massive tumor invasion was described, multiple biopsies were taken. The histopathological exam sustained the diagnosis of B cell Lymphoma. The patient was treated with definitive radiotherapy.

Conclusion:

This case highlights the importance of bronchoscopy both for diagnostics and treatment of tracheal tumors.