

Case report 2

Bronchial and tracheal leiomyomas, either primitive or metastatic, are very rare situations, representing 33% and 16% of all respiratory leiomyomas.¹

Usually they appear as an exofitic polypoid broad-based tumour mass, with a smooth or lobulated surface, sometimes with submucosal vessels and varying from some millimeters to centimeters, and sometimes invading behind the cartilaginous layer.

Traditional curative treatment of these tumours is surgical, either by lobectomy or bronchial sleeve resection.

Since this is a benign condition with a curative treatment, bronchoscopic treatment has emerged as an alternative for cases with high surgical risk and without extra luminal component, and a steadily growing tendency.

However, bronchoscopic resection has been questioned by Ayabe,² in situations of broad based tumour or when the tumor deeply invades the airway wall, where a bigger recurrence risk can be expected.³

There are different kinds of devices for bronchoscopic tumour resection, such as mechanical debulking through biopsy forceps or the rigid bronchoscope tube, Nd-Yag laser coagulation,^{4,5} electrocautery,⁶ wire-loop resection⁷ or, more recently argon-plasma coagulation.^{8,9}

Device selection depends on equipment availability, personal experience, location and morphology of the tumor, along with the existence of functioning distal lung parenchyma.

The present case report by Antonio Bugalho et al.¹⁰ describes a clinical situation of multiple metastatic respiratory leiomyomas, with an endobronchial obstructive tumour mass successfully treated with argon-plasma coagulation followed by bronchoscopic debulking.

Some information concerning the tumor morphology and insertion point, is missing precluding any judgement about the selection criteria of the most frequently used bronchoscopic de-bulking methods.

However, even in the absence of long-term bronchoscopic control, clinical and radiological control, confirms the stability of lung lesions and the absence of bronchial recurrence during a follow-up period of four years, without further medical treatment.

Although conclusions about the usefulness of argon plasma are only barely implicit, the clinical situation is presented in a detailed and comprehensive way, with diagnostic criteria,

and other therapeutic approaches besides bronchoscopy, contributing for a better understanding of this rare pathology.

References

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