We admitted a 63-year-old man with persistent wheezing to our institution for further evaluation and management. He was initially diagnosed with and underwent management for bronchial asthma but had persistent symptoms and frequent exacerbations despite optimal medical therapy. Chest computed tomography showed irregular tracheobronchial luminal narrowing with wall thickening. Bronchoscopy under general anesthesia using rigid and flexible bronchoscopes revealed a hyperemic tracheobronchial mucosa with obscured cartilaginous rings and luminal narrowing with multiple variable-sized nodular or "bubble-like" masses (Fig 1). Therapeutic bronchoscopy with argon plasma coagulation, cryotherapy, and balloon dilation was performed, followed by silicone stent placement in the left main stem bronchus. Improvement in the patient’s condition and pulmonary function (forced expiratory volume in 1 second from 1.05 to 1.44 L and peak expiratory flow from 2.35 to 2.93 L/s) were noted after the procedure. Histopathologic study was compatible with amyloidosis of light-chain type (Fig 2; Congo red, ×200).

Tracheobronchial amyloidosis is a rare localized form of amyloidosis, which can cause obstructive symptoms such as dyspnea and wheezing that mimic asthma, leading to a delay in diagnosis. Treatment is restricted to supportive and local measures and thus needs to be individualized [1].

Reference