Obstructing Endobronchial Lipoma

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A 73-year-old man with a history of long-term tobacco use presented with dyspnea and persistent cough. Computed tomography of the chest demonstrated complete atelectasis of the left lung with mediastinal shift toward the left. An endobronchial mass was identified within the left mainstem bronchus (Fig 1).

Flexible bronchoscopy confirmed complete obstruction of the left mainstem caused by an endobronchial mass (Fig 2). Frozen section obtained from the mass demonstrated a lymphohistiocytic inflammatory reaction without evidence of malignancy. Initial attempts to excise the mass by rigid bronchoscopy were unsuccessful because of the firm texture of the mass. Subsequently, flexible bronchoscopy with snare electrocautery was used to successfully open the bronchus. The mass originated from the superior segment of the left lower lobe. Copious amounts of purulent sputum were present distal to the obstruction. Thorough bronchoalveolar lavage was performed. Final pathologic examination of the endobronchial mass revealed large fragments of mature adipose tissue with scattered chronic inflammation and overlying eroded bronchial mucosa. The histologic appearance was consistent with the rare finding of an endobronchial lipoma [1].

The patient underwent treatment with intravenous antibiotics for postobstruction pneumonia. Postoperatively, he was completely free of symptoms. Follow-up chest roentgenography 1 month after the procedure demonstrated bilateral clear lung fields (Fig 3).

Reference