A 25-year-old man was referred to us for surgical intervention of tracheal tumor. He complained of 2-year progressive exertional dyspnea and nonproductive cough. Through a posterolateral thoracotomy, we cut the distal right main bronchi open, and the tumor was explored and found to have no relationship with the trachea or right main bronchi, so a right upper sleeve lobectomy was performed. Pathologically, the tumor was identified as glandular papillomas, arising from the bronchus of the right upper posterior segment lung, entering into the lumen of the upper lobe bronchus and right main bronchus, occluding them completely, and even part of the distal trachea lumen (Fig 1). Although the patient had complete resolution of his symptoms after the procedure and the postoperative course was uneventful, we surgeons regretted that a single lobectomy or segment resection may have been enough.