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A Rare Case of Inflammatory Myofibroblastic Tumor of the Lung

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Introduction: The term 'inflammatory pseudotumor' represents a group of that include many neoplastic and non-neoplastic entities characterized by spindle cell proliferation with variable inflammatory component. Inflammatory myofibroblastic pseudotumors (IMT) are included in this group; usually mesenchymal tumors that affect the child and adolescent age group.

Case Presentation: 24-year-old female patient was referred to the pulmonary diseases outpatient clinic with cough last two years, dark green colored sputum; she complained of dyspnea and wheezing. In her history, it was learned that she had a history of frequent antibiotic therapy for the last two years due to lower respiratory tract infection but her complaints had not relieved. No additional complaints were detected in the system examination. Her past medical history and family history were unremarkable. Physical examination of the respiratory system was normal. On her chest x-ray, semihomogenous density increment that superposed on hilus in middle-lower zone of right lung was detected. Because of that, chest computed tomography was planned. On her tomography, although right middle lobe bronchus was open, distally, lateral and medial segment bronchus was remarkably strictured Also, right middle lobe was atelectatic and there were bronchiectatic changes in that atelectatic density. With these radiologic features, fiberoptic bronchoscopy was planned for the patient. In the bronchoscopy, right middle lobe access in the right bronchus system was observed to be almost obstructed with a white-colored, cauliflower-like endobronchial lesion with a necrotic component. Biopsy was performed. The pathology results were evaluated as inflammatory myofibroblastic tumor. Immunochemical staining resulted in Vimentin (+), CD34 (-), Keratin (+), Actin (+), Caldesmon (+), desmin (focal +), s-100 (-), ALK (+). The right middle lobectomy was made because tumor was considered as resectable.

Conclusion: Although IMT is a rare diagnosis, it should be considered in the differential diagnosis of mass and solitary pulmonary nodules especially in pediatric age groups. Although it is usually benign, local recurrence and distant metastasis risk should be kept in mind. Surgical treatment is the first choice in resectable cases; unresectable, metastatic, recurrent cases should be evaluated in terms of new treatment options.

Keywords: Inflammatory myofibroblastic tumor, inflammatory pseudotumor, pulmonary tumours