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A Case of Lipoid Pneumonia

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Introduction: A large number of non-infectious pathologies can mimic pneumonia, leading to significant diagnosis and treatment problems. Here we present a patient diagnosed with lipoid pneumonia.

Case Presentation: A 55-year-old male patient presented with a 1-week history of cough, sputum and chest pain. There was no medical history. He was an active smoker and he had 30 package/year of smoking. On the chest X-ray, there were infiltrations in the upper zone of the left lung. The laboratory tests included WBC: 11863 (79.36% neutrophil), hemoglobin: 13.9, hematocrit: 41.8, CRP: 8.68 mg/dl, and sedimentation: 39 mm/h. External centered thoracic CT was consulted with the Radiology Department. Thorax CT revealed left hilar and aortopulmonary mediastinal lymphadenopathies, consolidation (11x5 cm size) including air bronchograms in the upper lobe of the left lung, passing the major fissure and extending to the superior segment of lower lobe. There was a fat density in the consolidation and the radiologic preliminary diagnosis was lipoid pneumonia. He had no history of aspiration. Bronchoscopy revealed a smooth-surfaced polyp in the anterobasal segment of the left lower lobe. There was no evidence of infection in the bronchoscopic evaluation. Bronchial lavage gram, culture, ARB and mycobacteria culture results were negative. Bronchial lavage cytology was nonspecific. A biopsy from the endobronchial lesion revealed a liposomal nodule with myxoid stroma. The patient was diagnosed as lipoid pneumonia with negative signs of infectious pneumonia. Spontaneous regression was observed during the diagnostic procedures.

Conclusion: In patients with pulmonary infiltration, it is considered that radiological and clinical findings should be evaluated together with non-infectious pathologies that mimic pneumonia.

Keywords: Lipoid, non-infectious, pneumonia