CASE SERIES AND REPORTS

Transtracheal endoscopic-assisted resection of a rare inflammatory myofibroblastic tumour in adult trachea, a case report

Resezione transtracheale endoscopio-assistita di un raro tumore miofibroblastico infiammatorio della trachea di un paziente adulto, case report

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SUMMARY

Inflammatory myofibroblastic tumours (IMTs) are rare and clinically benign in childhood, and malignant in adults. The aetiology of IMTs is not clear, and recent studies report it as true neoplasm rather than a reactive or inflammatory lesion. IMTs can involve any part of the body, but are usually common in lungs. These are rarely seen in adults and tracheal involvement is also rare in both adults and children. We describe an 18-year-old woman who presented with respiratory difficulty to the emergency department. On clinical examination, the patient had complete absence of breath sounds on the right side of the chest. CT of the chest and virtual bronchoscopy revealed a polypoidal soft tissue mass lesion involving the carina with occlusion of right main bronchus. Endoscopic-assisted resection was performed under general anaesthesia and the final pathological diagnosis was tracheal IMT.

KEY WORDS: Stridor • Inflammatory myofibroblastic tumour • Trachea • Bronchus • Spindle cell proliferation

INTRODUCTION

Inflammatory myofibroblastic tumours (IMTs) are rare tumours, commonly seen in children less than 16 years of age and with frequency of 0.04-0.07% of all respiratory tract tumours. The World Health Organization defines it as a lesion consisting of myofibroblastic spindle cells accompanied by an inflammatory infiltrate of plasma cells, lymphocytes and eosinophils. The aetiology of the disease is still not clear. Tracheal IMTs are rarely reported in adults who are malignant and benign in children. In 1939, the first case of IMT was reported in the lungs. A wide variety of names has been applied to IMTs which are mentioned in Table-1. Because of its rarity, we report the case of an 18-year-old woman with an IMT in the trachea.

CASE REPORT

An 18-year-old woman reported to the emergency department with difficulty in breathing since four months with insidious onset. The patient had significant loss of weight and there was no history of wheezes, chest pain, haemoptysis, or fever. On examination, the patient was thin with stable vitals and complete absence of breath sounds on right side of chest. Patient was subjected to CT of chest and neck and virtual bronchoscopy revealed a polypoidal...