



A 46-Year-Old Woman With Persistent Asthma and Lung Masses

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A 46-year-old woman presented with difficulty breathing with exertion for the last few months. She had recently been diagnosed with asthma and was prescribed inhaled bronchodilators without significant improvement. She was using rescue bronchodilators three times a day. She denied fevers, chronic cough, hemoptysis, chest pain, nasal congestion, or postnasal drip. There was no history of nocturnal symptoms, heartburn, weight loss, or loss of appetite. She had previously never had a chest radiograph. Her past medical history was otherwise negative. She was using an albuterol metered-dose inhaler as needed. She did not smoke or use any illicit substances. She was unemployed and had no pets. Family history was unremarkable.

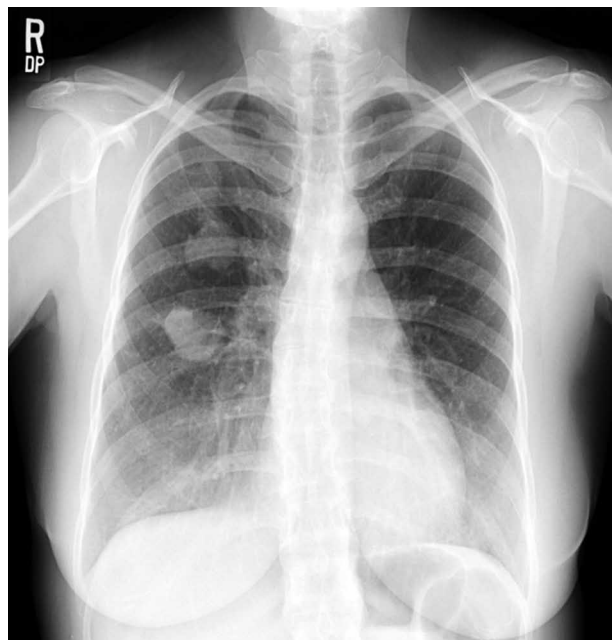


FIGURE 1. Chest radiograph showing two circumscribed masses in the right upper lobe, close to the right hilum.



FIGURE 2. CT scan of the chest. Well-circumscribed mass in the perihilar region of the right lung. Focal emphysema is present distal to the mass.

Physical Examination Findings

Physical examination revealed a healthy-appearing woman in no distress. Her pulse was 78 beats/min, regular; BP, 110/70 mm Hg; respiratory rate, 16 breaths/min; and oxygen saturation, 96% on room air. There was no pallor, icterus, or cyanosis, and no jugular venous distension, thyromegaly, or cervical lymphadenopathy. Lungs were clear to auscultation. No wheezing or rhonchi was present. Cardiac examination was normal. Abdominal examination revealed no tenderness, guarding, or hepatosplenomegaly. No pedal edema or clubbing was noted.

Diagnostic Studies

Hemoglobin, WBC count, platelet counts, and basic metabolic panel results were normal. Pulmonary



FIGURE 3. CT scan of the chest. A tubular mass is seen near the hilum in the right upper lobe. Localized air trapping and hyperinflation are seen distal to the mass-like lesion.

function tests revealed no obstruction, with normal lung volumes and diffusion capacity. Chest radiograph was performed (Fig 1). To further evaluate the abnormalities on chest radiograph, a CT scan of the chest was performed (Figs 2, 3).

What is the diagnosis?

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