

CASE STUDY

Recurrent Respiratory Papillomatosis With Lung and Chest Wall Involvement: A Rare Complication in an Adolescent[☆]



Papilomatosis respiratoria recurrente con compromiso pulmonar y de la pared torácica: una rara complicación en un adolescente

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Clinical Case

A 15-year-old male patient, diagnosed with laryngeal papillomatosis at the age of 5 that progressed to tracheal and bronchopulmonary spread at the age of 11, attended the endoscopy department with serious respiratory difficulty, stridor and dysphonia. The patient had no other history of disease.

Physical examination revealed a round lesion with abundant papillomas on the posterior chest wall (Fig. 1).

The airway was assessed under general anaesthesia and papillomatous lesions were observed in the larynx, trachea and right main bronchus, which were resected with

microforceps and microdebrider. Samples were sent for anatomopathological analysis.

A chest CT was performed showing a voluminous right paravertebral lesion of 10.6 cm × 9 cm × 8.8 cm (longitudinal, transverse, anteroposterior) extending from the pulmonary parenchyma dorsally towards the soft tissues. Multiple cavitating nodular formations were also observed in both lung fields, involvement of the right paraspinal muscles and the dorsal vertebral bodies from D2 to D7 with osteolytic areas and expansive osteolytic lesions at the level of the posterior arches of the sixth and seventh ribs on the right side (Fig. 2). Adenopathies of 1.5 cm were observed in the mediastinum.

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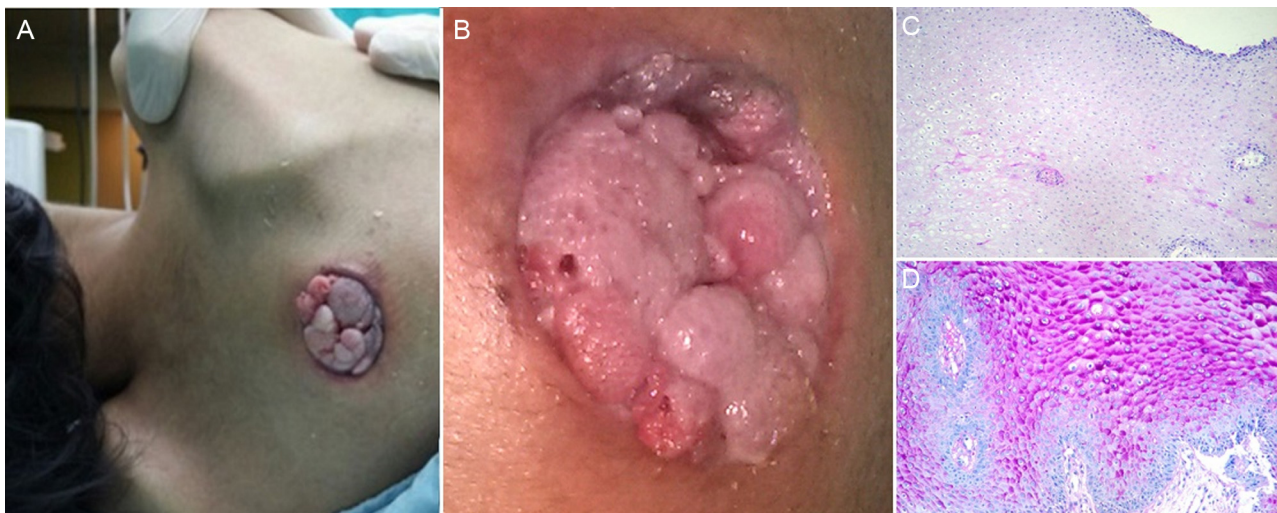


Fig. 1 (A) Fistulous lesion of the lung parenchyma in the posterior chest wall with abundant papillomas. (B) Enlarged image. (C) and (D) Histopathology of the chest wall lesion. The papillomas comprise finger-like projections with a central fibrovascular nucleus and stratified pavementous epithelium. The presence of koilocytes is highlighted: epithelial cells with eccentric nucleus and vacuolated cytoplasm (perinuclear halo), which is the classical manifestation of human papilloma virus infection in the cell.

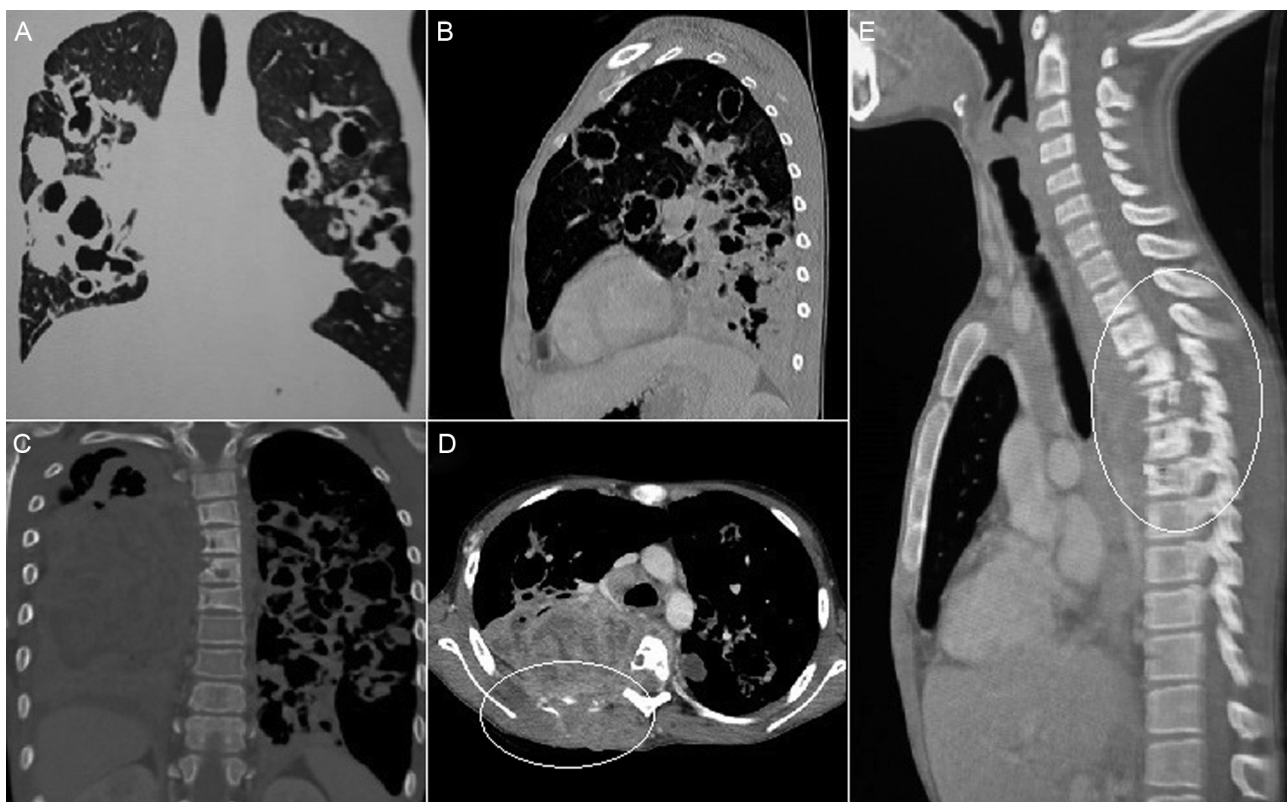


Fig. 2 Computerised tomography of the chest: (A) and (B) Cavitating nodular formations are observed in both lung fields. (A) Coronal slice. (B) Sagittal slice. (C) A voluminous lesion is observed in the right lung parenchyma. Coronal slice. (D) Involvement of the posterior rib arch (circle). Axial slice. (E) Involvement of the dorsal vertebrae (circle). Sagittal slice.

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