Revista da Sociedade Brasileira de Medicina Tropical Journal of the Brazilian Society of Tropical Medicine

Vol.:53:e20190441: 2020

DADE BRAS

doi: 10.1590/0037-8682-0441-2019

Images in Infectious Diseases

Laryngotracheobronchial papillomatosis: an uncommon cause of recurrent respiratory infection

Bruno Niemeyer de Freitas Ribeiro^[1] and Edson Marchiori^[2]

[1]. Hospital Casa de Portugal – Rede Casa/3D Diagnóstico por Imagem, Departamento de Radiologia, Rio de Janeiro, RJ, Brasil. [2]. Universidade Federal do Rio de Janeiro, Departamento de Radiologia, Rio de Janeiro, RJ, Brasil.

An 11-year-old female patient presented with chronic cough and recurrent respiratory infection, without other associated comorbidities. Laboratory test results were unremarkable. Chest computed tomography showed multiple cavitated nodules in both lungs lungs (Figure 1). Bronchoscopy revealed small nodular lesions in the trachea; histopathological analysis confirmed diagnosis of laryngotracheobronchial papillomatosis (LP).

LP, caused by human papillomavirus, is characterized by the appearance of papillomas in the aerodigestive tract, with pulmonary involvement in ~ 1% of cases 1-3. Infection commonly occurs at birth, by passing through the infected mother's birth canal¹⁻³. The main clinical manifestations are hoarseness, cough, stridor, dyspnea, and recurrent infection. The course of the disease is unpredictable, ranging from spontaneous remission to pulmonary dissemination requiring multiple surgical interventions, and malignant transformation to squamous cell carcinoma of the lung¹⁻³. Although this diagnosis may be suggested by clinical and radiological findings, final diagnosis is made by histopathological analysis.

ACKNOWLEDGMENTS

We thank the institutions that provided technical support for developing and implementing this study.

AUTHORS' CONTRIBUTION

BNFR: Elaboration of the manuscript; **EM:** Manuscript revision.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

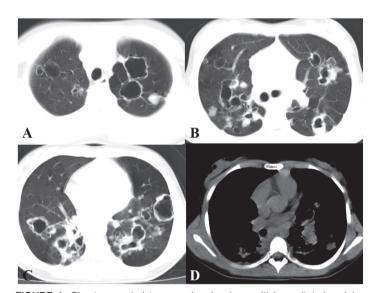


FIGURE 1: Chest computed tomography showing multiple cavitated nodules scattered throughout both lungs (A-C), with no evidence of calcification (D).

REFERENCES

- 1. Fortes HR, Ranke FMV, Escuissato DL, Araujo Neto CA, Zanetti G, Hochhegger B, et al. Laryngotracheobronchial papillomatosis: chest CT findings. J Bras Pneumol. 2017;43(4):259-63. doi: 10.1590/S1806-37562016000000351
- 2. Marchiori E, Araujo Neto Cd, Meirelles GS, Irion KL, Zanetti G, Missrie I, et al. Laryngotracheobronchial papillomatosis: findings on computed tomography scans of the chest. J Bras Pneumol. 2008;34(12):1084-9. doi: 10.1590/s1806-37132008001200016
- 3. Carifi M, Napolitano D, Morandi M, Dall'Olio D. Recurrent respiratory papillomatosis: current and future perspectives. Ther Clin Risk Manag. 2015;11:731-8. doi: 10.2147/TCRM.S81825.

Corresponding author: Edson Marchiori. e-mail: edmarchiori@gmail.com

6 0000-0001-8797-7380

Received 20 September 2019 Accepted 14 November 2019