

B-Cell Non-Hodgkin Lymphoma Presenting As an Endobronchial Polypoid Mass

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A 63-year-old man presented with hemoptysis. There was no history of night sweat or fever. The skin was normal and there was no peripheral lymphadenopathy. A chest radiograph was unremarkable. A computed tomography of the chest revealed a polypoid mass arising from the carina (Figure 1). The polypoid mass alone was confirmed on positron emission tomography with fluorine-18-labeled fluorodeoxyglucose scanning (Figure 2). Flexible bronchoscopy revealed



FIGURE 1. Chest computed tomography showing a polypoid mass arising from the carina.



FIGURE 2. ¹⁸F-FDG PET showing increased uptake in the carina (maximal standardized uptake value = 20.2).

a 25-mm, polypoid beefy mass arising from the carina (Figure 3). Biopsies confirmed a non-Hodgkin lymphoma of B cell origin. There was no evidence of lymphoma involvement in any other site. He received three cycles of combination

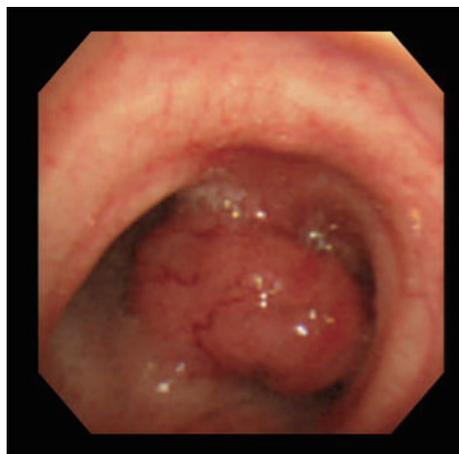


FIGURE 3. Flexible bronchoscopy showing a 25-mm, polypoid beefy mass arising from the carina. The right main bronchus was incompletely obstructed by the mass.

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chemotherapy (R-CHOP regimen), followed by radiation therapy in the area of the carina. He responded rapidly and restaging work-up revealed that the polypoid mass disappeared completely. He was doing well at 6 months after tumor diagnosis.

Malignant lymphoma arising from the endobronchial lesions is extremely rare. We are not aware of non-Hodgkin lymphoma presenting as an endobronchial polypoid mass arising from the carina. The endobronchial involvement of malignant lymphoma is likely to arise in a bronchus-associated lymphoid tissue.¹ Another possible mechanism is directed bronchial invasion and lymphatic spread, because

bronchi have a rich supply of perivascular and peribronchial lymphatics.² In this case, the diagnosis may be delayed if the patient has no complaint of any symptoms. Direct bronchoscopy and biopsy is the definite investigation. Primary lymphoma arising from the carina is a chemosensitive tumor, and it is necessary to add primary lymphoma to the list of causes of endobronchial polypoid masses.

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