

Tracheal Mucoepidermoid Carcinoma

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A 56-year-old man was referred for bronchoscopic evaluation and treatment of a tracheal tumor. He was an ex-smoker with a 20-pack-year smoking history, who had quit smoking 16 years ago. He had complained shortness of breath and coughing to the referring physician 1 month before. An airway lesion was suspected because of a wheeze detected on examination. Chest computed tomography was taken, and a polypoid tumor was found just above the main carina (Fig. 1).

Bronchoscopic resection was performed using a rigid and flexible bronchoscope under general anesthesia. Bronchoscopy demonstrated the presence of a glossy, lobulated,

exophytic endoluminal mass with a broad base, which arose from the right anterior wall of the lower trachea (Fig. 2). The tumor was ablated with argon plasma coagulation and electrocautery. Histopathology revealed a low-grade mucoepidermoid carcinoma with squamoid differentiation that grew in a sheet-like pattern and contained few mitotic figures and numerous mucous-filled cystic spaces (Fig. 3). Respiratory symptoms and pulmonary function improved immediately (forced expiratory volume in 1 second₁: from 0.59 to 2.39 liter; peak expiratory flow: from 1.09 to 9.03 liter/sec) after the procedure. The patient was discharged 5 days thereafter. He was reluctant to undergo surgical treatment and has, thus, been under careful observation.

Mucoepidermoid carcinoma is a rare tumor, which arises from the bronchial glands. Its frequency has been reported to be ~0.2% of all lung tumors.¹

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Informed consent in writing publication was obtained from the patient.

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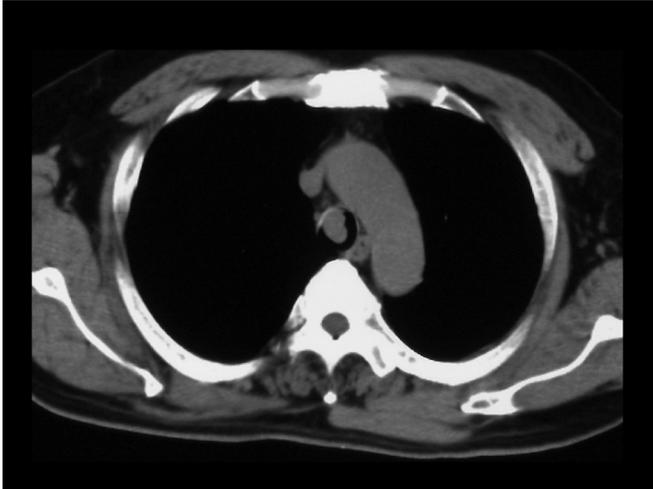


FIGURE 1. Chest computed tomography demonstrating a polypoid endotracheal tumor.

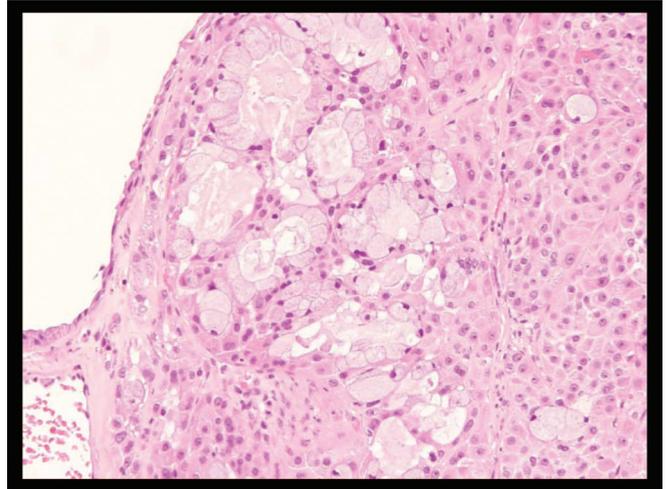


FIGURE 3. A histologic specimen containing monotonous squamous cells arranged in sheets, numerous mucinous cyst-like spaces, and partly tubular appearance (hematoxylin and eosin stain, original $\times 100$).

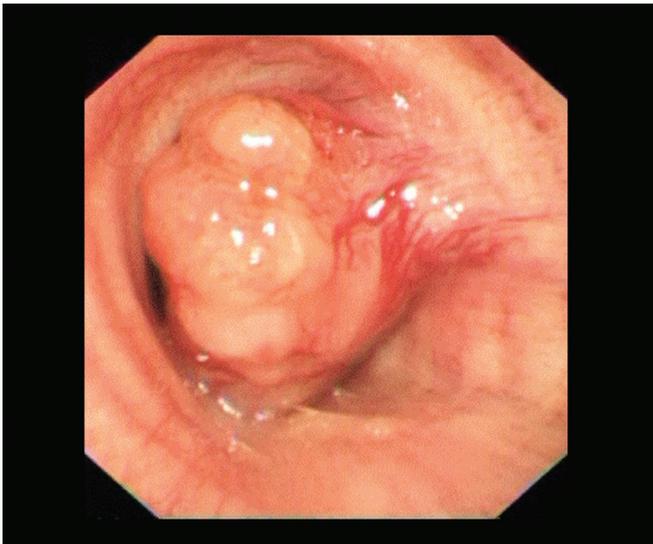


FIGURE 2. Bronchoscopic view of mucoepidermoid carcinoma protruding into the trachea.