

Intrapulmonary Teratoma Presenting with Trichoptysis

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A 60-year-old woman presented to our clinic with complaints of cough and expectoration for 1 week. The expectoration was persistent, non-foul smelling and often contained thin brown silky hairs (Fig. 1). She had otherwise been well

and denied breathlessness, febrile sensation, and weight loss. Chest radiograph showed a right hilar mass and collapse of the right middle lobe. Computed tomography of the chest showed a fat-containing mass measuring $6.2 \times 4.7 \times 3.2$ cm in the right

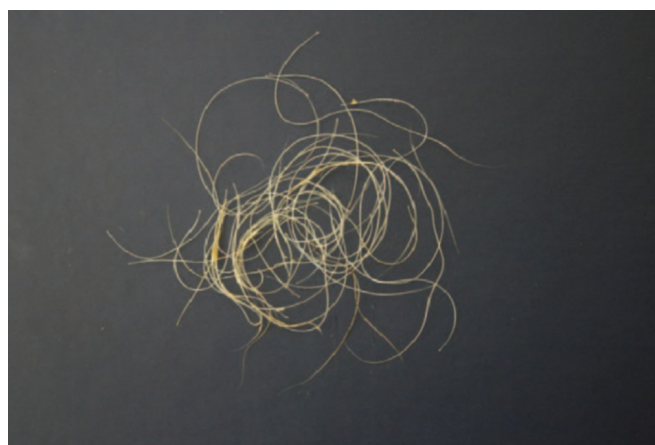


FIGURE 1. Silky and nonpigmented hairs expectorated by the patient.

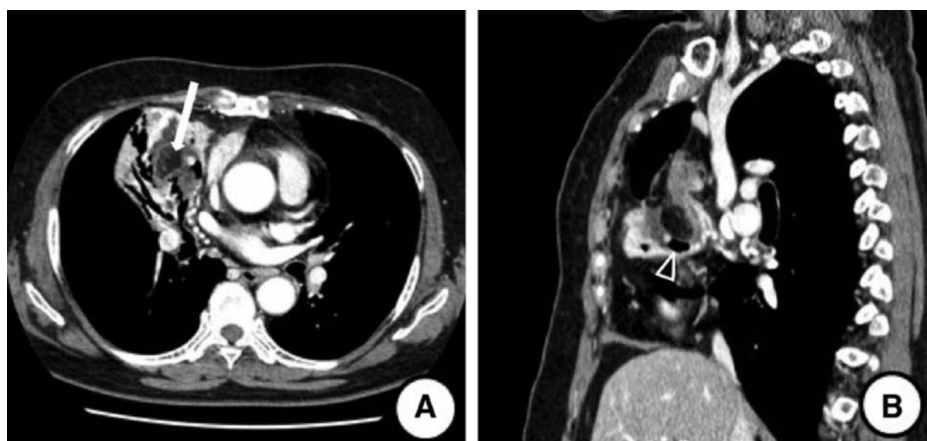


FIGURE 2. Chest computed tomography showing a fat (arrow)-containing mass sized approximately $6.2 \times 4.7 \times 3.2$ cm in the right middle lobe. This mass was extended to mediastinal fat and had an air component (arrowhead), which indicates a communication with the bronchial system. Coronal (A) and sagittal view (B).

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middle lobe (Fig. 2). The lesion had an air component, which revealed a direct bronchial communication. A diagnosis of an intrapulmonary teratoma (IPT) was made on the basis of the clinical and radiological findings.

IPTs are very rare tumors and usually have nonspecific symptoms such as cough, sputum, and fever.¹ However, when the mass is connected to the bronchial system, trichoptysis can be present.² This symptom occurs in only 13% of

patients with IPTs, but is a highly specific and pathognomic sign for IPT.¹

REFERENCES

1. Agarwal R, Srinivas R, Saxena AK. Trichoptysis due to an intrapulmonary teratoma. *Respir Care* 2007;52:1779–1781.
2. Rana SS, Swami N, Mehta S, Singh J, Biswal S. Intrapulmonary teratoma: an exceptional disease. *Ann Thorac Surg* 2007;83:1194–1196.