A Case of Desquamative Interstitial Pneumonia with Elevated Levels of Eosinophils in the Bronchoalveolar Lavage Fluid

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Desquamative interstitial pneumonia (DIP) is rare, and the characteristic bronchoalveolar lavage fluid (BALF) findings in patients with this disease are still not well characterized. We present a case of DIP that was initially misdiagnosed as chronic eosinophilic pneumonia due to the presence of increased number of eosinophils in the BALF.

Case report: A 56-year-old man, who was a current smoker, presented with productive cough for 1 month. High-resolution computed tomography (HRCT) showed multifocal patchy ground glass and reticular opacities predominantly in the subpleural area of both lungs. BALF examination revealed elevated levels of eosinophils (37%) in contrast to the slight increase in peripheral blood eosinophil levels (7%). He was initially diagnosed with chronic eosinophilic pneumonia based on the HRCT and BALF findings. However, his symptoms and the diffused infiltrative shadows on HRCT did not show improvement during the 2-month follow-up. Video-assisted thoracoscopic lung biopsy was then performed. The biopsy specimen revealed an increased number of macrophages that had accumulated in the alveolar space, which was consistent with DIP.

Conclusions: We presented a case with sarcoidosis showing multiple pulmonary nodules, which has been rarely reported before. Sarcoidosis is a multi-organ disorder, and it can have nonspecific presentation of symptoms, clinical suspicion and appropriate pathologic confirm is necessary to make a correct diagnosis.

Primary Pulmonary Malignant Melanoma: The Expected Tumor

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Malignant melanoma is a malignant tumor, arising from the pigment producing cells of the deeper layers of the skin. It accounts for 1.5% of all reported cancer. It occurs most frequently on the skin, but also occurs in other organs and tissues of the body. However, Melanoma of the lung without evidence of extra-pulmonary disease, primary pulmonary melanoma, is very rare. Herein, we report a case of a 82-year-old woman in whom primary pulmonary melanoma was detected incidentally. A 82-year-old woman was found to have an incidental finding of a solitary mass in right lower lobe of the lung. Chest CT showed an about 8cm sized heterogeneous enhancing mass lesion in the right lower lobe. Bronchoscopic examination showed a black pigmented mass in right lower lobe posterobasal segment, and biopsy was performed. Histopathological examination of the biopsy specimen showed melanoma cells containing melanin granules and “nesting” of melanoma cells just beneath the bronchial epithelium. The melanoma cells are round or spindled shape with melanin pigmentation and these tumor cells are positive for HMB-45, vimentin. The patient had no past history of skin lesion, and did not have any skin, ear or ocular lesions. Gastrointestinal endoscopy, colonoscopy and gynecologic examination were performed, and no possible primary tumor was detected. Therefore, she was finally diagnosed with primary malignant melanoma when considering these currently proposed criteria for primary pulmonary melanoma. Although rare, primary pulmonary malignant melanoma should be considered in the differential diagnosis of primary bronchial tumor of the lung as an extremely rare alternative.