Dieulafoy's Disease of the Bronchus

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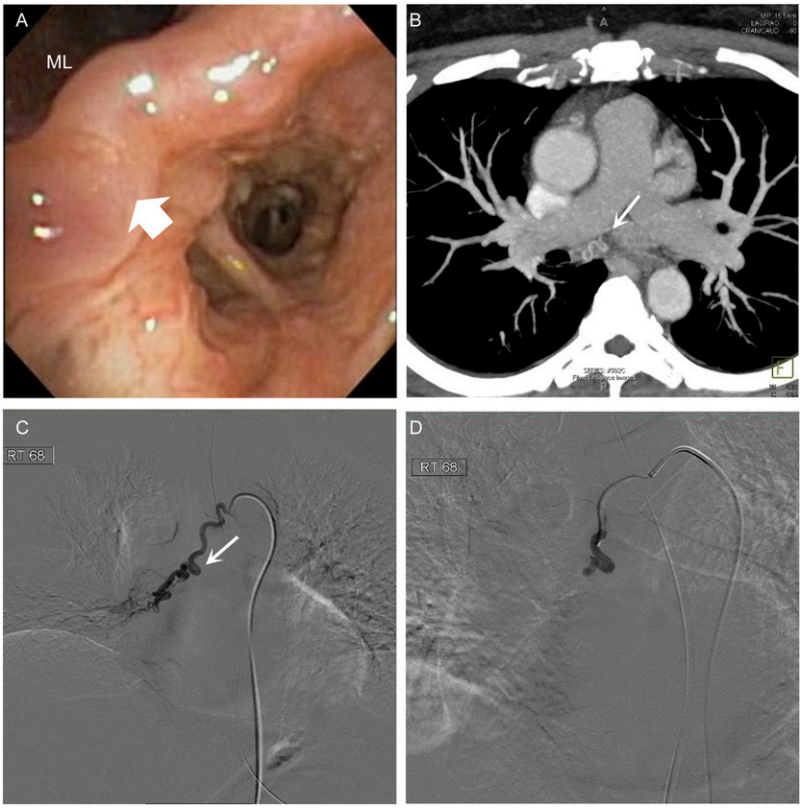

Figure 1. ML = middle lobe.

A 44-year-old woman without significant medical history underwent bronchoscopy for recurrent hemoptysis. A tortuous, nonpulsatile vessel was prominent beneath the bronchial mucosa (Figure 1A, *wide arrow*). Computed tomography angiography (Figure 1B) and thoracic aortogram (Figure 1C) identified the tortuous vessel (*arrows*) as a hypertrophied bronchial artery arising from the distal aortic arch. Clinical evaluation showed no bronchiectasis, parenchymal lung disease, vascular malformation, mitral valve disease, or portal hypertension. Angiography revealed anastomosis between the hypertrophied bronchial artery and a pulmonary artery. The abnormal bronchial artery was embolized (Figure 1D), and the patient has had no further hemoptysis.

Dieulafoy initially described a tortuous, hypertrophied, submucosal artery as a gastrointestinal bleeding source in 1898 (1). Reports of similar lesions in the bronchial mucosa are rare, though endoscopic recognition is critical to prevent biopsy and iatrogenic hemorrhage, which may be life threatening.

Author disclosures are available with the text of this article at www.atsjournals.org.

Reference

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Am J Respir Crit Care Med Vol 186, Iss. 11, p 1191, Dec 1, 2012

DOI: 10.1164/rccm.201206-1016IM
Internet address: www.atsjournals.org