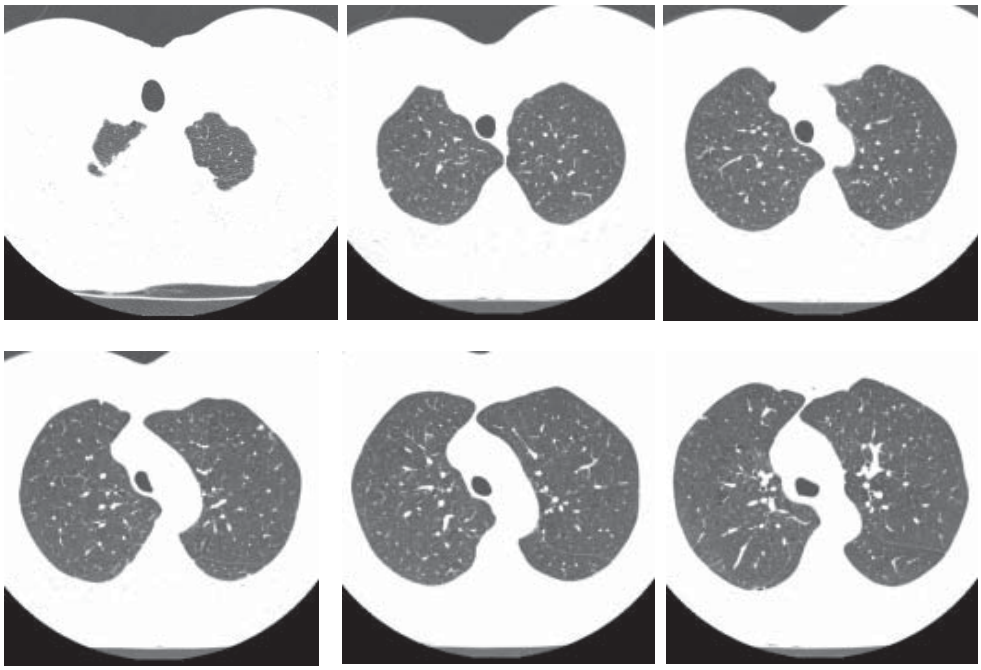
Diagnóstico Radiológico

Diagnóstico do caso da edição anterior

J Bras Pneumol 2006;32(1):88.

LANGERHANS CELL HISTIOCYTOSIS (LCH)



A 59-year-old male patient, 40 pack-year smoker, presenting dry cough and progressive dyspnea. Denies suffering from any other diseases and claims to have no relevant personal or family history.

COMMENTS

In the tomographic images, we can see areas of centrilobular emphysema accompanied by centrilobular nodules, some of which presented small cavitations.

In adults, Langerhans cell histiocytosis (LCH) is a disease that is associated with smoking and whose distribution is predominantly centrilobular and is found in the upper lobes, rarely affecting the lung bases or costophrenic sulci.

Some typical finding in the initial phase of the disease include centrilobular nodules, often with ill-defined borders, that resemble those seen in respiratory bronchiolitis, together with other, basically circumscribed, nodules accompanied by cavitations, as illustrated in this case. These nodules are consistent with peribronchial proliferation of Langerhans cells.

In the later stages, the nodules accompanied by cavitation develop, together with cysts. That is the classic form of the disease seen in tomography scans.

The nodular form of LCH is, therefore, the early manifestation and typical presentation of the disease. When ths form is seen in conjunction with relevant epidemiological data, clinicians should suspect a diagnosis of LCH.

DANY JASINOWODOLINSKI, GUSTAVO DE SOUZA PORTES MEIRELLES, GILBERTO SZARF, NESTOR L MÜLLER

Fleury Center for Diagnostic Medicine, São Paulo, São Paulo, Brazil; Universidade Federal de São Paulo (UNIFESP, Federal University of São Paulo), São Paulo, São Paulo, Brazil, University of British Columbia, Vancouver, British Columbia, Canada

REFERENCES

1. Abbott GF, Rosado-de-Christenson ML, Franks TJ, Frazier AA, Galvin JR. From the archives of the AFIP: pulmonary Langerhans cell histiocytosis. Radiographics. 2004;24(3):821-41.
2. Travis WD, Borok Z, Roum JH, Zhang J, Feuerstein I, Ferrans VJ, et al. Pulmonary Langerhans cell granulomatosis (histiocytosis X). A clinicopathologic study of 48 cases. Am J Surg Pathol. 1993;17(10):971-86.
3. Brauner MW, Grenier P, Tijani K, Battesti JP, Valeyre D. Pulmonary Langerhans cell histiocytosis: evolution of lesions on CT scans. Radiology. 1997;204(2):497-502. Comment in: Radiology. 1997;204(2):322-4.

READERS CORRECTLY DIAGNOSING THE CASE PRESENTED IN THE JANUARY/ FEBRUARY 2006 ISSUE

Daniel de Almeida Thiengo - Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro - RJ

Elisa Sebba Tosta de Souza - Hospital das Clínicas da Faculdade de Medicina de Ribeirão Preto - Ribeirão Preto - SP

Leandro Baptista Pinto - Hospital Evangélico - Cachoeiro de Itapemirim - ES

Mamede Moualla - CHR d'Orléans - Orleans - França

Marcelo Coelho Machado – Centro Médico Itamaraty - Vitória da Conquista - BA

Marcos César Santos de Castro - Universidade Federal Fluminense - Niterói - RJ

Rogerio Antonio Silva - Instituto de Doenças do Tórax - Rio de Janeiro - RJ

Wagner Malheiros - Diagnóstico e Imagem - Juina - MT

Wilson Assami - Diagnóstico e Imagem - Juina - MT