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Pulmonary amiloidosis presenting as a parahilar mass: Four-year follow up

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Description

A 70-year-old non-smoking woman with a history of pulmonary and vertebral tuberculosis (Pott's disease) in youth, resulting in thoracic deformity, presented with persistent exertional dyspnea (mMRC grade 2) after recovering from community-acquired pneumonia. Chest radiography revealed a right middle lung opacity, prompting further evaluation with Computed Tomography (CT). CT confirmed a well-circumscribed lesion in the right middle lobe, measuring approximately 4.6x4.0 cm and adjacent to the fissures, without evidence of mediastinal or hilar lymphadenopathy. To clarify the nature of the lesion, bronchoscopy with bronchial biopsies was performed, revealing amyloid deposits without neoplastic cells. Definitive diagnosis was established by transthoracic needle biopsy, which revealed amorphous eosinophilic material with a lymphoplasmacytic infiltrate. Congo red staining was positive, exhibiting apple-green birefringence under polarized light, confirming nodular pulmonary amyloidosis [1]. Pulmonary function was mildly impaired, consistent with thoracic deformity and mass effect. Laboratory evaluation excluded systemic amyloidosis. Follow-up CT scan four years later demonstrated the mass to be largely stable, measuring approximately 5.0x4.6 cm and containing multiple internal calcifications, illustrating its chronic and indolent nature. This case highlights the characteristic imaging features and chronic stability of nodular pulmonary amyloidosis, showing how serial CT can illustrate its indolent course, with histopathology providing definitive confirmation [2,3].

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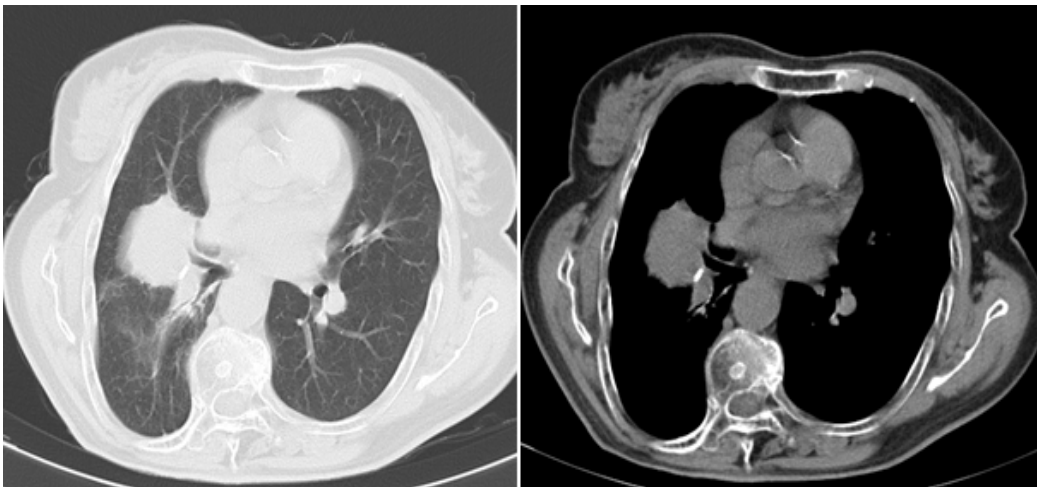

Figure 1: Initial CT (axial plane). **(A)** Lung window: Parahilar mass in the right middle lobe, measuring approximately 4.6x4.0 cm, adjacent to the fissures, with clear margins. **(B)** Mediastinal window: Well-defined parahilar mass without mediastinal or hilar lymphadenopathy.

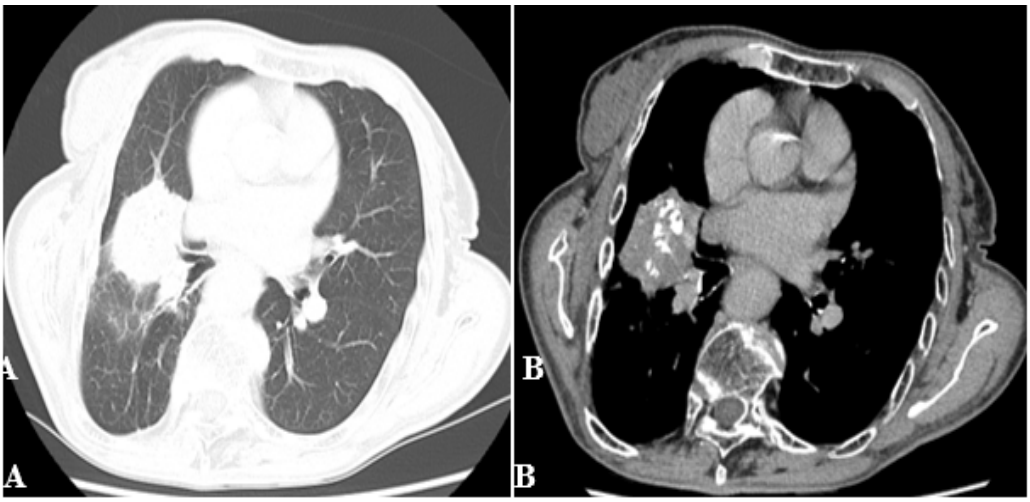

Figure 2: Follow-up CT four years later (axial plane). **(A)** Lung window: Mass in the right middle lobe remains largely stable, measuring approximately 5.0x4.6 cm, with mild fissural atelectasis. (**B)** Mediastinal window: Well-defined mass with multiple internal calcifications. No mediastinal or hilar lymphadenopathy.