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SCIENTIFIC LETTER

Not all that Wheezes is Asthma or Foreign Body Aspiration: Endobrochial Inflammatory Myofibroblastic Tumor

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To the Editor: Inflammatory myofibroblastic tumor (IMT) is a rare tumor of lung accounting for less than 1 % of all pulmonary neoplasm [1, 2]. Diagnosis is difficult to establish because of its non-specific various clinical and radiological outcome [2, 3]. We describe a case of IMT of the right main bronchus that was presented with wheezing and had treated for presumed asthma.

An 11-y-old boy was presented to our clinic with chief complaints of wheezing, cough and dyspnea for 18 mo. He was treated for presumed asthma before in another clinic. His physical examination revealed bilateral expiratory wheezing. Skin prick test was negative for inhaled allergens. His respiratory function test showed mild restrictive pattern. Computerised chest tomography (CT) was aplied for evaluation of restrictive lung diseases and persistent wheezing. Chest CT discovered 12 mm endobronchial lesion mimicing mass or foreign body present in the right main bronchus. The patient underwent flexible bronchoscopy which revealed complete obstruction of right main bronchus by polypoid-tumoral endobronchial mass with yellowish necrosis on the middle (Fig. 1). The mass was completely resected by rigid bronchoscopy and diagnosed as IMT.

Pulmonary IMT are rarely cause of wheezing and mimic asthma. It is generally present with non-specific symptoms including cough, chest pain, dyspnea, hemoptysis, persistent atelectasis and recurrent pneumonia [3–5]. The localization of tumor is important for symptomatology as in our patient which was endobronchial and was cause of persistant wheezing. Additionaly not for IMT but for all endobronchial tumors of pediatric patients were reported that, most of these patients have been treated for months to years for symptoms of recurrent pneumonia and asthma like our patient [3–5]. Chirurgirical approach is found to be most suitable way for both diagnosis and treatment [2, 3]. The prognosis is excellent when complete resection was done [3]. In our patient, tumor was resected completely and there hasn't been recurrence for 2 years.

Fig. 1 Flexible bronchoscopic image revealing smooth yellowish tumor implanted on right main bronchus

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In conclusion, IMT is a rare tumor of lung with non-specific symptoms and radiological findings. It can be presented as wheezing and can mimic asthma. Further evaluation should be done if there is a lack of respond to asthma therapy.

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