An occult bronchial foreign body aspiration misdiagnosed as bronchial asthma

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Occult bronchial foreign body aspirations are infrequently seen in adults. However, occult foreign bodies can remain undetected for several months and years and often are misdiagnosed as bronchial asthma, recurrent pneumonia. We report a case of occult bronchial foreign body, which had been misdiagnosed as bronchial asthma which is not improved with medical treatment. A 73-year-old woman was admitted with complaints of cough, sputum, production and dyspnea for 2 weeks. She had been diagnosed as having asthma and pneumonia and treated with antibiotics, bronchodilator and intravenous corticosteroid, but her symptoms hadn’t been improved and had been auscultated wheezing on both whole lung field. A computed tomographic (CT) scan of the thorax showed an endobronchial foreign body in the left upper lobar bronchus. Airway obstruction was reversed in the spirometry after removal foreign body aspiration with fiberoptic bronchoscopy. Patients experiencing bronchial asthma who is not responsive to treatment can be endobronchial lesion and foreign body should be included in their differential diagnosis. Also one should keep in mind that detailed and accurate medical history taking can help differential diagnosis and treatment.

Primary thoracic sarcoma presenting as an anterior mediastinal mass

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Most common anterior mediastinal mass is thymoma, lymphoma and teratoma. Sarcomas are rare connective tissue malignant neoplasm which can be affected various locations, most frequently occur in the extremities. In fact, primary mediastinal sarcomas are extremely uncommon, less than 2% of all soft tissue sarcoma cases. The majority of primary thoracic sarcomas are originated from chest wall, pleural spaces and nerve sheath. Therefore, the primary thoracic sarcomas involved in the lung parenchyma is rarer with poor information regarding the proper management and its outcomes. Herein, we report a rare and interesting case of primary thoracic high-grade sarcoma occupying anterior mediastinum and left lower lobe of the lung. a 35-years-old man, with reviewing the previous reports and literatures.