

## Endobronchial lipomatous hamartoma

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A 40-year-old man, presenting with a 1-year history of progressive dyspnoea, underwent cross-sectional imaging of the chest revealing a 19x14x15 mm fat-density nodule in the left main bronchus, causing severe stenosis (**Figure 1**).

Fibreoptic bronchoscopy was performed, which identified a vascular spherical lesion at the origin of the left main bronchus. This was completely occluding the orifice (**Figure 2**), causing a ball-valve effect during breathing. Histology after excision revealed this to be an endobronchial hamartoma with no evidence of malignancy.

Pulmonary hamartomas are benign neoplasms of primitive mesenchymal cells containing various tissues including adipose, cartilage and fibrous tissue (Ahmed et al, 2017). They have an incidence rate of 0.25%. No obvious risk factors have been identified, but high body mass index and smoking have been reported to be contributing factors (Qing, 2016). Management comprises endobronchial resection, wedge resection or lobectomy; the latter being indicated in patients with recurrent obstructive infections.

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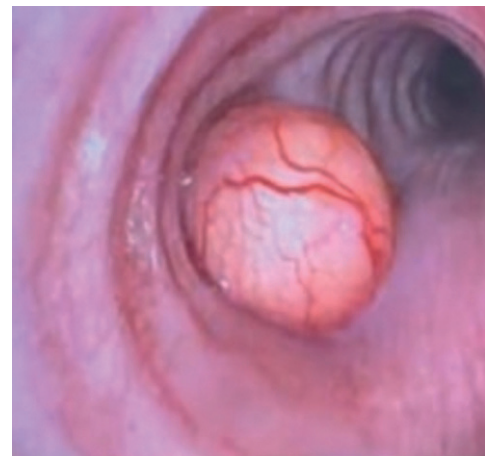
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**Figure 1.** Computed tomography of the thorax illustrating severe left main bronchus stenosis caused by the endobronchial nodule (arrow).



**Figure 2.** The endobronchial lesion as visualised on fibreoptic bronchoscopy.