Pulmonary Sclerosing Hemangioma. Case Report

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Pulmonary sclerosing hemangioma (PSH) is a rare benign neoplasm of an epithelial origin and was reported by Liebow and Hubbell in 1956. The incidence accounted for approximately 1% of all pulmonary tumors, following hamartoma among the benign tumors. The finding of multiple bilateral lesions is rare and less reported in the literature. We report one such case seen recently at our hospital. A 55-year-old non-smoker woman without a unremarkable family and medical histories was admitted to our hospital in August 2008. She presented with mild dyspnea and asthenia. In February 2007 she was diagnosed with bilateral basal pneumonia (detected on chest radiography) and treated with third-generation cefphalosporin. In July 2008 she notified increasing dyspnea, cough, subfebrile temperature and weight loss (5 kg in 2 month). Radiological differential diagnosis was performed with all of the disseminated pulmonary lesions (inclusively with septical pneumonia and pulmonary metastasis). There were a very few findings in the physical examination of the patient: she was hipoponderal and there was a diminuation of vesicular murmur on bilateral pulmonary basis and wheezing above the left site. Laboratory examinations (except an unimportant anemia and high level of ESR 65) including respiratory function tests were within normal ranges. The bilateral purulent endobronchitis was detected on fibrobronchoscopy. In sputum cultures were positive for Citrobacter spp, E.faecium and Candida spp. On her 2nd day of admission the temperature level backs to normal (under the antibiotic treatment). Chest computed tomography (CT) images revealed a chronic inflammatory process with pulmonary bules. Left pulmonary biopsy was then performed. On general examination of the left lung there were presented sclerosis and multiple lesions in S8. Histological view was suspected for tumor lesion of an origin from endothelium of the lung vessels. The differential diagnosis was performed between an pulmonary hemangioepithelioma and pulmonary sclerosing hemangioma. By immunohistochemical analysis with CD34 the pulmonary hemangioepithelioma was excluded (this tumor has a very bad prognosis for patient). In December 2009 there were no dynamic changes on chest radiography or on chest CT: no new lesions or any growth of the old ones. Discussion Pulmonary sclerosing hemangioma in more than 80% of all cases occurs in female patients who are mostly in their 40s (range from 11 to 80 years). 80% of the patients are asymptomatic and the lesions are generally discovered incidentally by chest radiography. In symptomatic patients the cough, the dyspnea, the chest pain and hemoptysia are mainly observed. The diagnosis remains based on histological findings. A limited resection of the lesion or a lobectomy is the treatment of choice. The prognosis of patient is excellent (survival range from 5 to 30 years).