Cryptogenic Bronchial Stenosis

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Figure 1. (A) Chest computer tomography (CT) view of tracheal stricture. (B) Bronchoscopic view of tracheal stricture. (C) Chest CT view of the right mainstem bronchus stricture. (D) Bronchoscopic view of right mainstem bronchus stricture. (E) Bronchoscopic view of right mainstem bronchus stricture after dilatation

Figure 2. Reconstructed images depicting tracheal stricture and right mainstem bronchus stricture.

A 52-year-old female with a reported history of lupus erythematosus (LE) diagnosed 20 years previously on the basis of arthralgia, discoid skin rash, and elevated serum antinuclear autoantibodies was referred for airway obstruction. The patient described increasing dyspnea and wheezing over a 10-year period. Chest computer tomography showed focal tracheal narrowing and significant narrowing of the right mainstem bronchus (Figures 1 and 2). Bronchoscopy showed a stricture in the lower trachea and a discrete more severe stricture involving the right mainstem bronchus (Figure 1). Both strictures were dilated with complete symptom relief.

Tracheobronchial strictures can result from trauma, inhalation injury, radiation, infections, and certain autoimmune diseases. This patient did not have any such history except for the LE. To our knowledge, bronchial stenosis has not been reported in association with LE.

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