CLINICAL SNAPSHOT

Massive Muroid Impactions in a 73-Year-Old Woman

A 73-year-old woman was readmitted to the hospital with cachexia (BMI 14 kg/m²). Chest CT again showed bilateral bronchiectasis in the lower lobes as first detected in 2012, this time with displacement of the lumina by large collections of exudate. Again, the patient declined invasive diagnostic endoscopy. The new CT featured a prominent left-sided finger-in-glove sign, indicating displacement of the major airways by mucus. Because clinical examination had shown exacerbated bronchiectasis (CRP on admission: 63.4 mg/l [<5]), she was treated with antibiotics and physiotherapy to mobilize the secretions, according to the guidelines. Disease processes that can lead to muroid impaction—obstruction of the bronchi by inspissated mucus—are divided into obstructive versus non-obstructive or congenital versus acquired conditions. The differential diagnosis of diseases causing bronchiectasis is complex, but in the majority of cases the etiology can be discerned. Detection of bronchiectasis can have far-reaching consequences for treatment and sometimes for sociomedical management. Referral to a center with expertise in bronchiectasis is advisable.

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Conflict of interest statement: The authors declare that no conflict of interest exists.

Translated from the original German by David Roseveare

Cite this as: Harsch IA, Kelterborn J, Ghopreal T: Massive muroid impactions in a 73-year-old woman. *Dtsch Arztebl Int* 2018; 115: 607. DOI: 10.3238/arztebl.2018.0607