



Cough Syncope due to Hamartoma: A Rare Clinical Presentation

Dr. Sushant Kumar Nanda

VSS Institute of Medical Science and Research (VIMSAR), India

Abstract:

Benign neoplasms account for <1% of lung tumours. Of these, hamatomas are most common with an incidence of 0.025 to 0.32% and occur more commonly in older males (M:F ratio 2.4:1) with a peak incidence in sixth decade. Majority of tumours are peripherally located, asymptomatic and are incidentally detected on chest radiograph or at autopsy.

Case report: A 54-year old businessman presented with 1 month history of dry cough associated with 4-5 episodes of syncopal attacks and left sided chest pain. He is a never smoker and has no comorbidity.

Examination: Vitals were normal. General examination findings were unremarkable. Respiratory system examination revealed reduced breath sounds over left mammary and infra-axillary area and no added sounds.

Investigations: CXR- Patchy consolidation in left lower zone. ECG, 2D ECHO- normal ; USG-normal abdomen and pelvis. CECT Thorax- calcified mucus plug with distal atelectasis changes in anterior basal segment of left lower lobe Bronchoscopy -smooth end bronchial lesion occluding left lower lobe anterior segment completely. Biopsy- inflammatory lesion; Brush cytology- scanty atypical cells highly suspicious of malignancy.



Conclusion:

Though most hamartoma are clinically silent, rare end bronchial tumors(1.4%) can present with obstructive symptoms. Chondroid variety account for only 1% of pulmonary hamartomas.

Biography:

Dr Sushant Kumar Nanda is currently continuing his final year of residency in department of Pulmonary Medicine and Critical Care at VSS Institute of Medical Science and Research, India. He as an expert reviewer at BMJ Case Repots. He has presented case reports and research works at different state and national conferences and has won first prize in Pulmonology and Critical care quiz at annual CHESTCON, 2019.

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