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Bronchial Carcinoid Tumors: Clinical and Radiological Findings in 21 Patients

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Abstract:

Background/Objectives: Bronchial carcinoid tumors are neoplasms that range from typical carcinoids to the more aggressive atypical ones with similar imaging features. Considering the low prevalence of the tumor, we reviewed 21 patients. **Patients and Methods:** In this retrospective observational study, we reviewed the clinical, pathological and imaging findings in 21 patients diagnosed with bronchial carcinoid tumors who were admitted to National Research Institute of Tuberculosis and Lung Disease (NRITLD) in a 6 years period. Plain radiography and CT scan of patients were reviewed. **Results:** 52.4% of the patients were male and 47.6 % female. The mean age of patients was 39.1 years. The most frequent clinical symptoms were cough (n= 15; 71.4%), hemoptysis (n=13; 61.9%), dyspnea (n=12; 57.1%), and pleuritic chest pain (n=7; 19%). Most of the lesions (68%) were in the right lung, 24% in the left lung, 8% in the trachea, and 19% were bilateral. Right upper lobe and right intermediate bronchus (24% and 32%, respectively) were the most frequent sites of tumor. In radiologic examination, two cases (9.5%) had normal CXRs. Pulmonary collapse (52.4%) and mass (23.8%) were the most frequent findings. Reviewing CT scans showed endobronchial lesion in three (15%) and mass in 11 (55%) patients. The mass was well defined in 8 cases (72%) and ill-defined in 3 (28%). Other findings were: mediastinal invasion (45%), atelectasis (55%), post obstructive pneumonitis (20%) and eccentric calcification (15%). Pathological examination revealed typical (n=18; 86%) and atypical (n=3; 14%) carcinoid tumors. **Conclusion:** Although rare, bronchial carcinoid tumors should be considered a differential diagnosis in adult patients with cough, hemoptysis, dyspnea, and pleuritic chest pain. Chest xray and CT scan can help with diagnosis. Major imaging findings are central, round or ovoid well-defined mass, and obstruction signs like atelectasis. Diagnosis and classification should be confirmed by pathological examination on sample taken by bronchoscopy or surgery.

Keywords:

[bronchus](#) , [clinical](#) , [pathological](#) , [imaging](#)

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