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Title: Tracheobronchopathia osteochondroplastica – Analysis of 10 years period

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Body: Background: Tracheobronchopathia osteochondroplastica (TO) is a pulmonary orphan disease and consists at the presence of multiple osseous or cartilaginous nodules localised in the submucosa of the tracheobronchial wall. These nodules protrude into the lumen of the trachea and the large bronchi, leading to the airway obstruction.The disease does not involve other organs. Method: We studied in retrospective all cases of TO diagnosed with fiberoptic bronchoscopy for the period 2001 - 2011. In our hospital we realise aproximately 1200 bronchocopies per year. Results: We found 17 cases, 52 % were female and 48 % male. The average age was 40.6 years, 42 % were smokers (~40 UPA) without family history for TO. The duration of symptoms till the diagnostic was 2.3 years. The most frequent symptoms were: cough 100 %, sputum 64 %, dyspnea 41 %, haemoptisis 5 %, and erythema nodosa 5 %. The laboratory findings demonstrate an increase of sediment in 58 % of cases, 11 % leucocytosis and all the others were normal. Proteus mirabilis was the most frequent microbiological strain (17 %). Functional respiratory tests resulted: 35 % obstruction, 11 % restriction, 5 % mixed and 17 % normal. The bronchial biopsy demonstrated epithelial displasia and fibrosis stroma with inflammatory elements. One case was accompanied with bronchial cancer. The treatment was with antibiotics and symptomatic. We didn't have the possibility to realize FBS reevaluation for judging the disease's evolution. Conclusions: TO present frequently with chronic or acute non specific respiratory symptoms, but with pathognomonic characteristic features in FBS. Thoracic CT scanner is a non invasive diagnostic method. The treatment is symptomatic.