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Title: Diffuse aspiration bronchiolitis diagnosed on transbronchial lung biopsy in a case of thymoma with dysphagia

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Body: Background: Diffuse aspiration bronchiolitis (DAB) is a form of aspiration related lung disease and has unique clinico-radio-pathologic features. It has heretofore been reported on autopsy or surgical biopsies. We report a case of DAB diagnosed on trans-bronchial lung biopsy (TBLB). Case: A 72 year old previously healthy male, smoker (150 pack-years) presented with hoarseness of voice and vertigo for 4 months, dysphagia and swelling in the neck for 1 month. Examination revealed a firm, non tender swelling in the right side of the neck and signs of Horner's syndrome. PET-scan showed a FDG avid mass in the right side of the neck, extending into the superior mediastinum, encasing the trachea, abutting and displacing the esophagus to the left and normal lung parenchyma. A CT-guided transthoracic percutaneous biopsy of the mass revealed an immature lymphocyte rich thymoma. Patient developed sudden breathlessness, after 3 weeks from the start of radiotherapy. A CT-pulmonary angiography was negative for pulmonary embolism. HRCT showed bilateral disseminated centrilobular nodules with 'tree-in-bud' appearance suggestive of diffuse bronchiolitis. A TBLB revealed necrotising alveolitis with foreign body giant cells containing refractile material, suggestive of aspiration. A final diagnosis of DAB/aspiration alveolitis secondary to occult chronic aspiration was made. Patient improved on nasogastric feed and treatment with clidamycin. A repeat CT-thorax after 2 months showed normal lung parenchyma. Conclusion: DAB is an underrecognised, yet an important differential diagnosis, which should be considered in any patient having risk of aspiration and a HRCT showing diffuse bronchiolitis.