

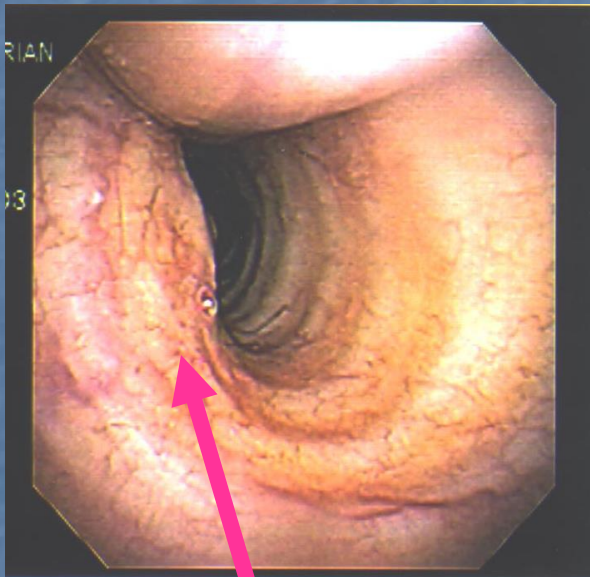
Part 7A: Airway Neoplasms



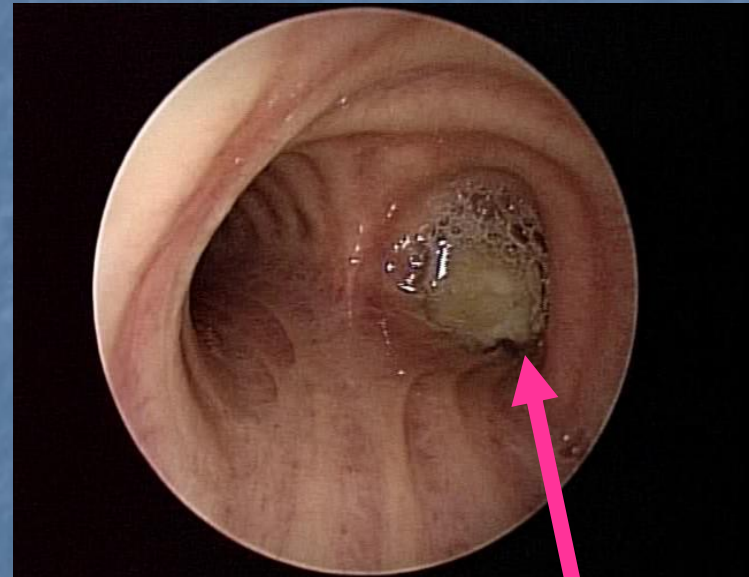
Prepared By
Bronchoscopy International

Contact us at
BI@bronchoscopy.org

Malignant central airway obstruction

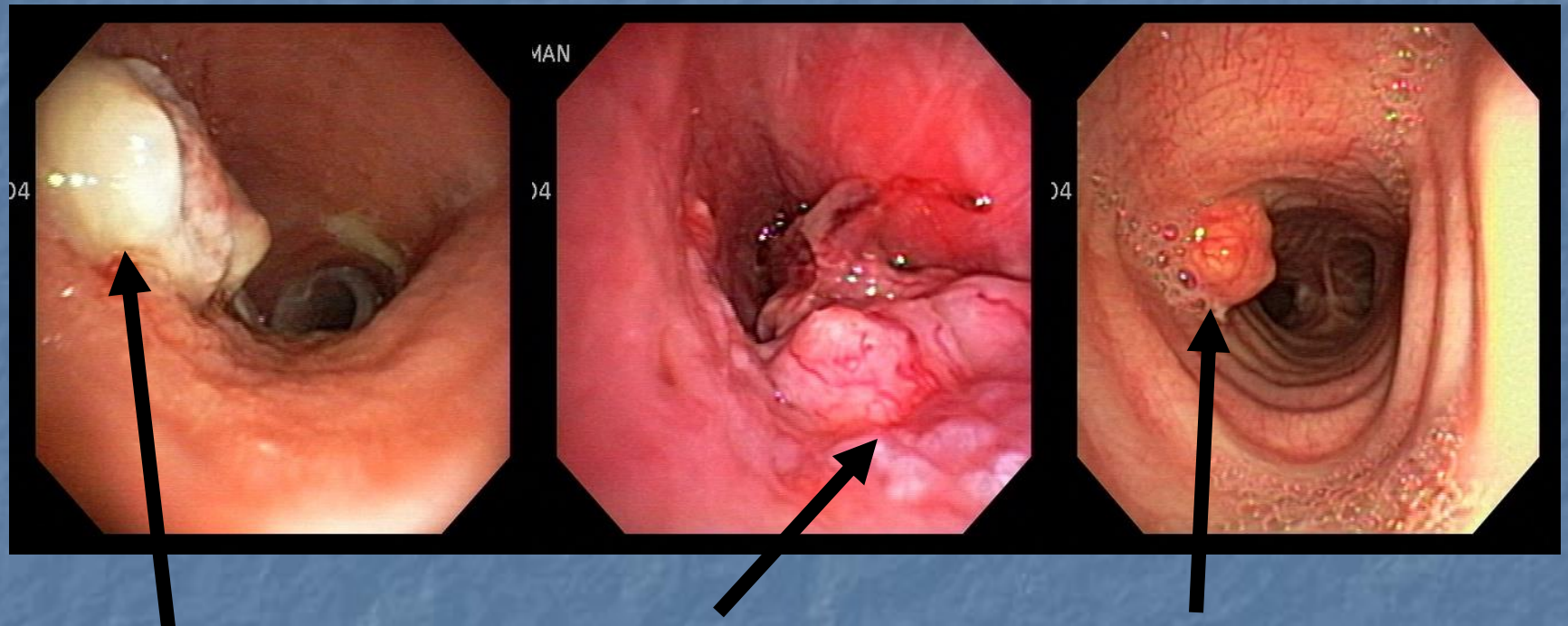


Invading Thyroid cancer with extrinsic compression



Necrotic Intraluminal, exophytic Squamous cell cancer obstructing Right main bronchus

Intraluminal exophytic lesions



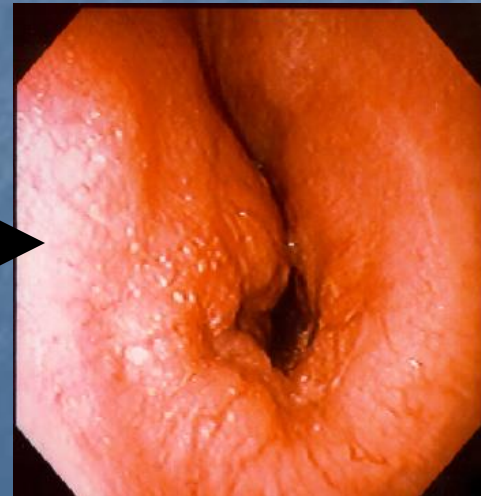
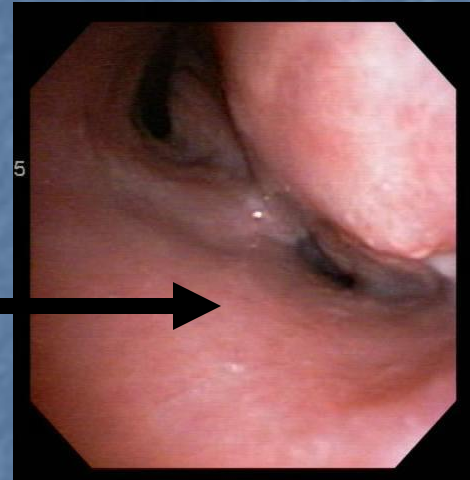
Necrotic Squamous cell

Nodular Adenocarcinoma

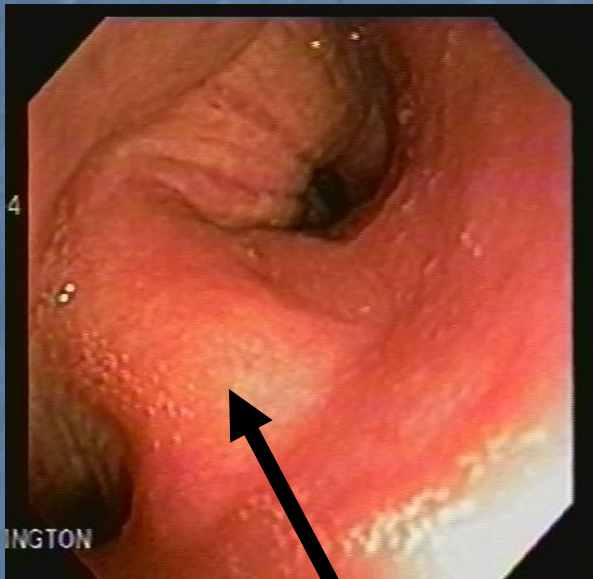
Nodular Squamous cell

Extrinsic compression

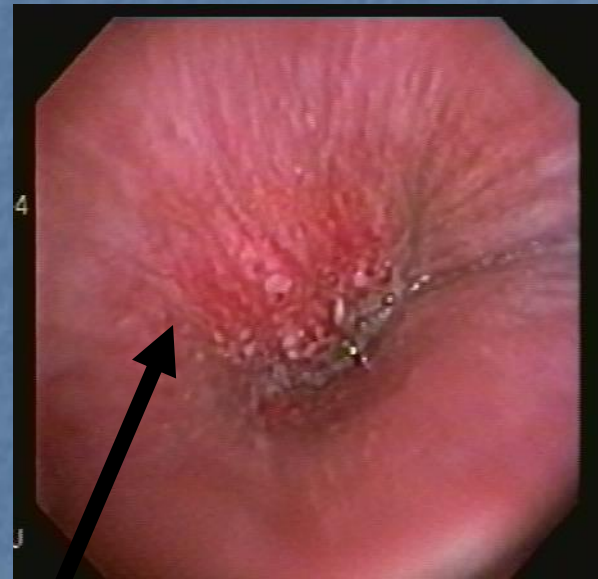
- Compression Left Main Bronchus from Esophageal cancer
- Compression trachea (with invasion) from Adenoid Cystic Carcinoma



Infiltrating tumors



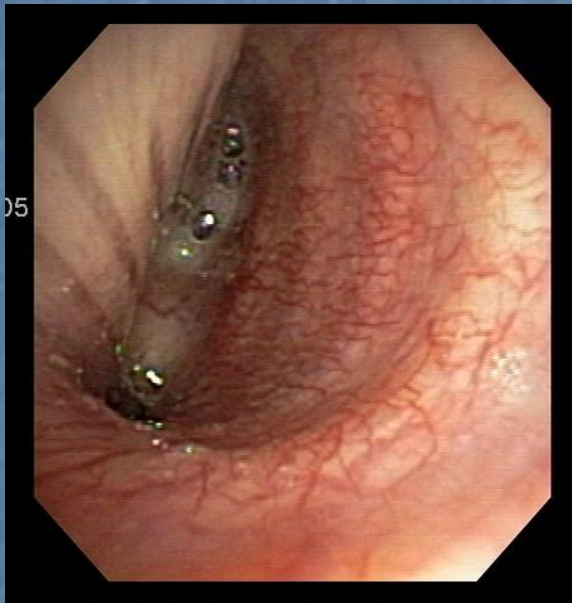
Small cell Lung Cancer



Adenocarcinoma Lung



This finding is BEST described as

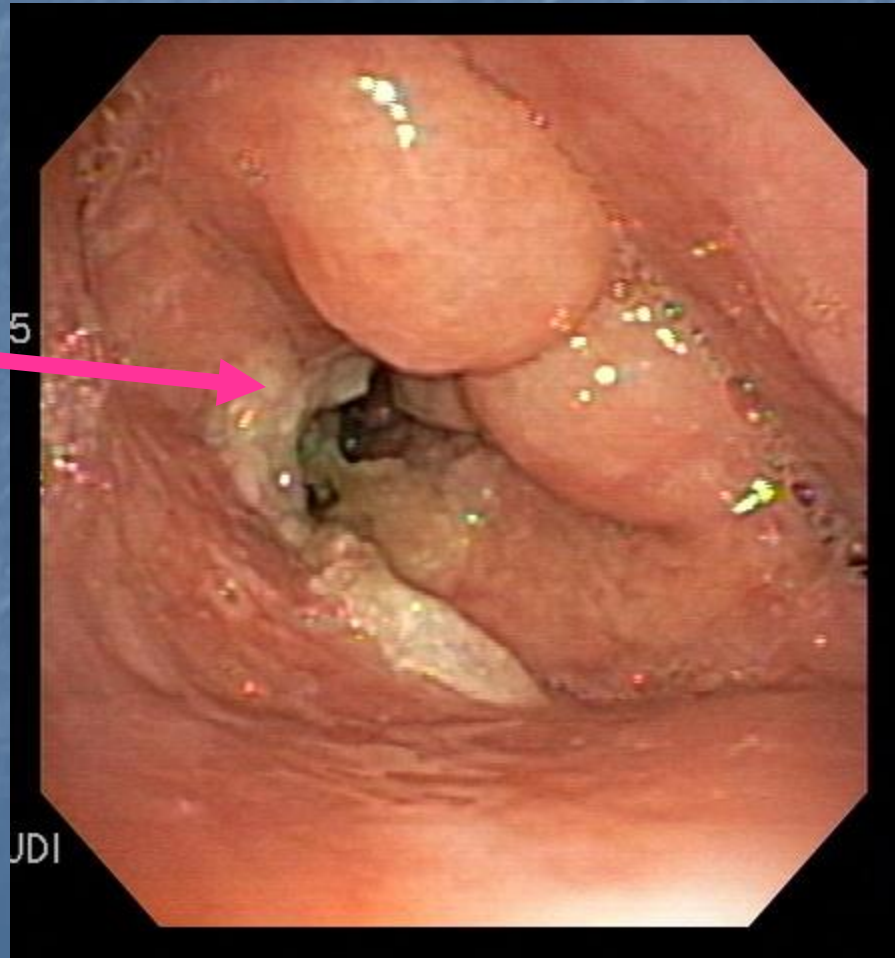


- A) Hypervascular mucosa overlying cartilaginous rings with thick yellow distal airway secretions.
- B) Neovascularization with extrinsic compression.
- C) Volume loss with airway wall invasion.

Click here for correct answer: **A**

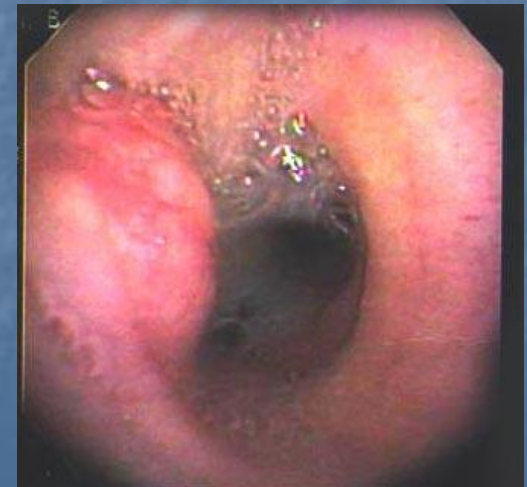
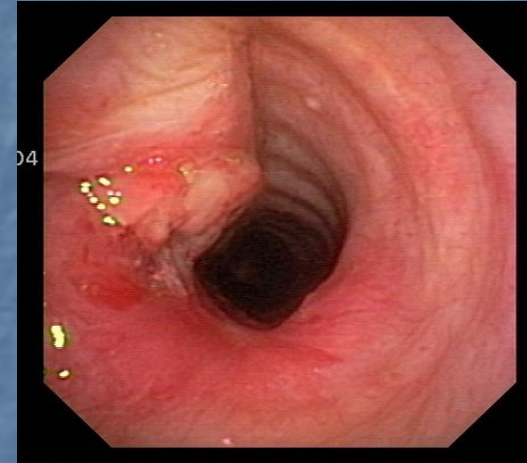
Laryngeal cancer

Laryngeal cancer
with necrosis



Tracheal tumors

- Adenoid cystic carcinoma
- Squamous cell carcinoma



Topics for Lesson 3

- Neoplastic pathology
- Nonneoplastic pathology
- Miscellaneous airway findings
- Infectious airway diseases

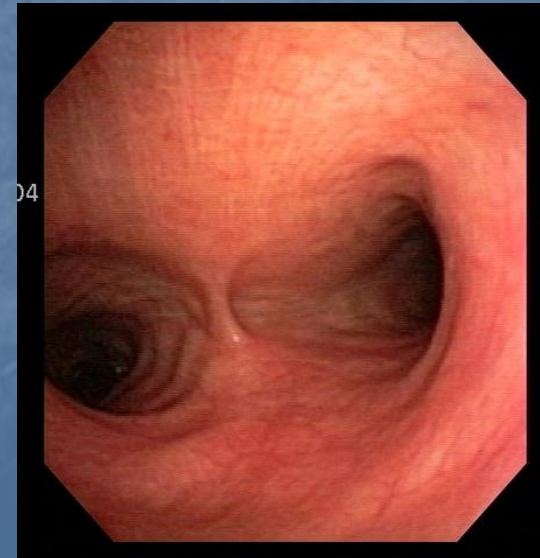
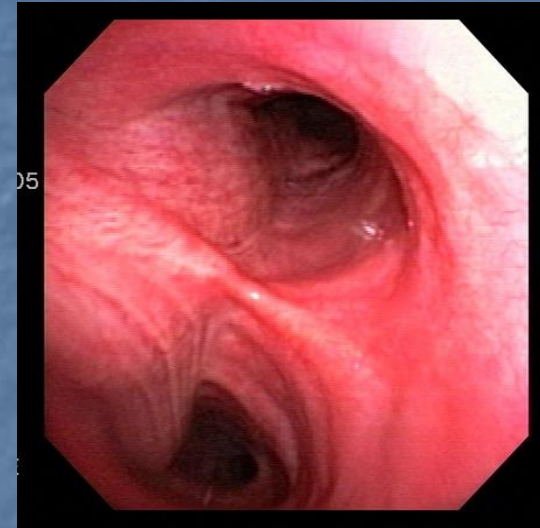
Tumors

Tumors can:

1. Cause deformity of normal anatomy and be responsible for extrinsic compression or
2. Grow into the airway wall and into the airway lumen
3. And deform the airway wall or cause ulcerations and exophytic growth.

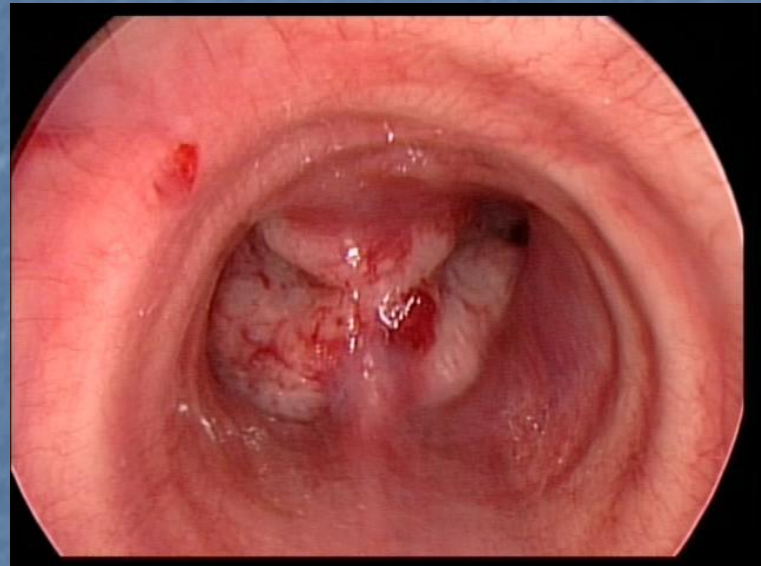
Carina adenopathy

- Subcarina and posterior carina adenopathy
- Subcarina and Pretracheal adenopathy

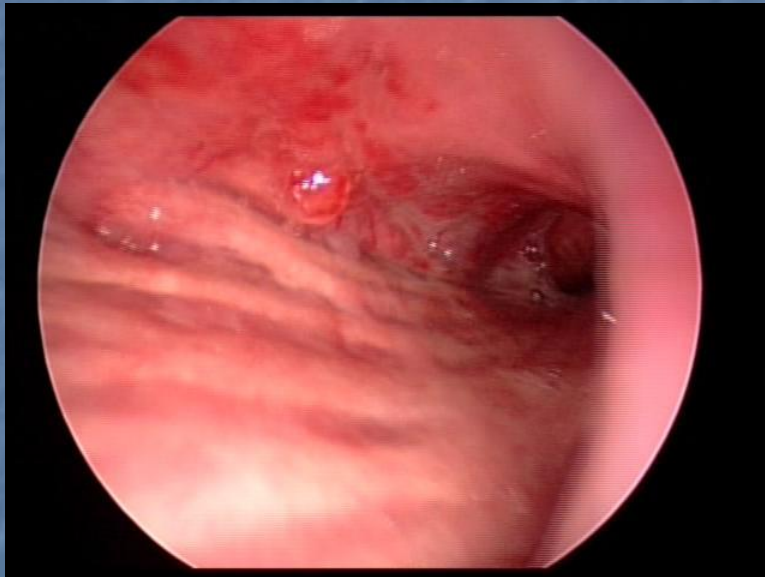


Neoplasm of carina

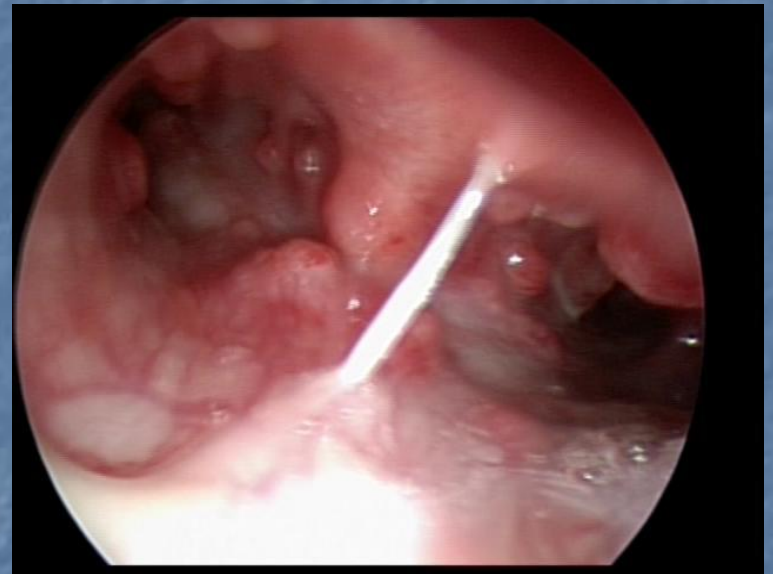
Adenocarcinoma
obstructing left and right
main bronchi and lower
third of trachea above the
carina.



Carina tumors



Small cell infiltrating carina



Lymphoma invading Carina

Airway tumors

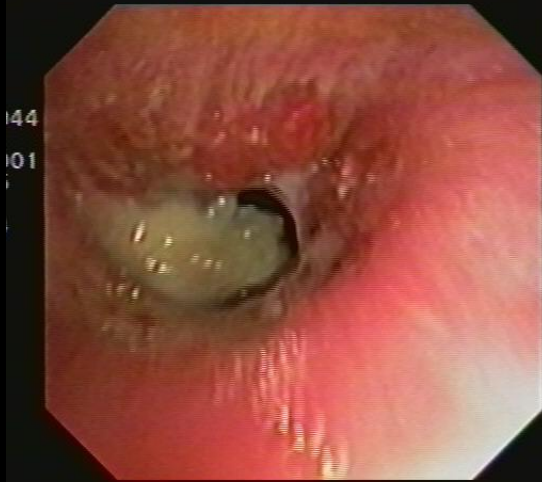


Papilloma

Kaposi Sarcoma

Carcinoid Tumor

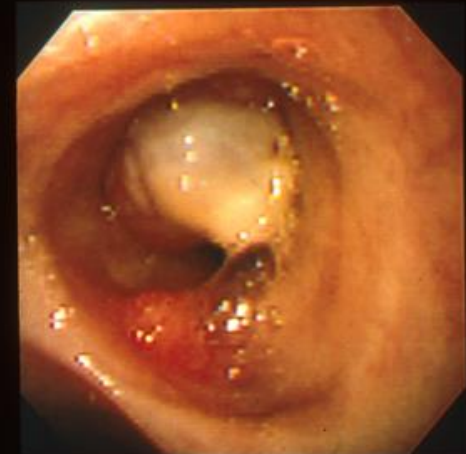
Endobronchial tumors



Squamous cell
cancer



Renal cell
cancer



Leiomyosarcoma

Squamous cell carcinoma obstructing Right main bronchus



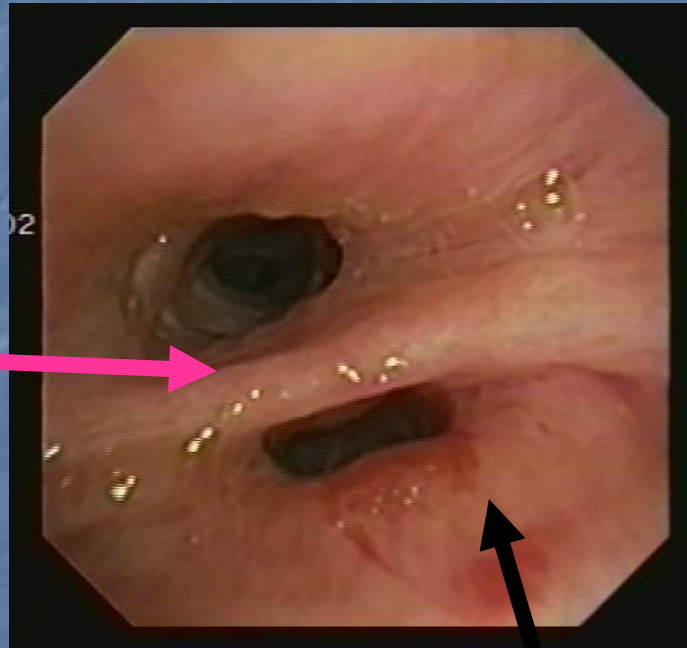
Widened Carina and
bleeding tumor

Laser vaporization

Restored patency to Right
main bronchus and right
upper lobe

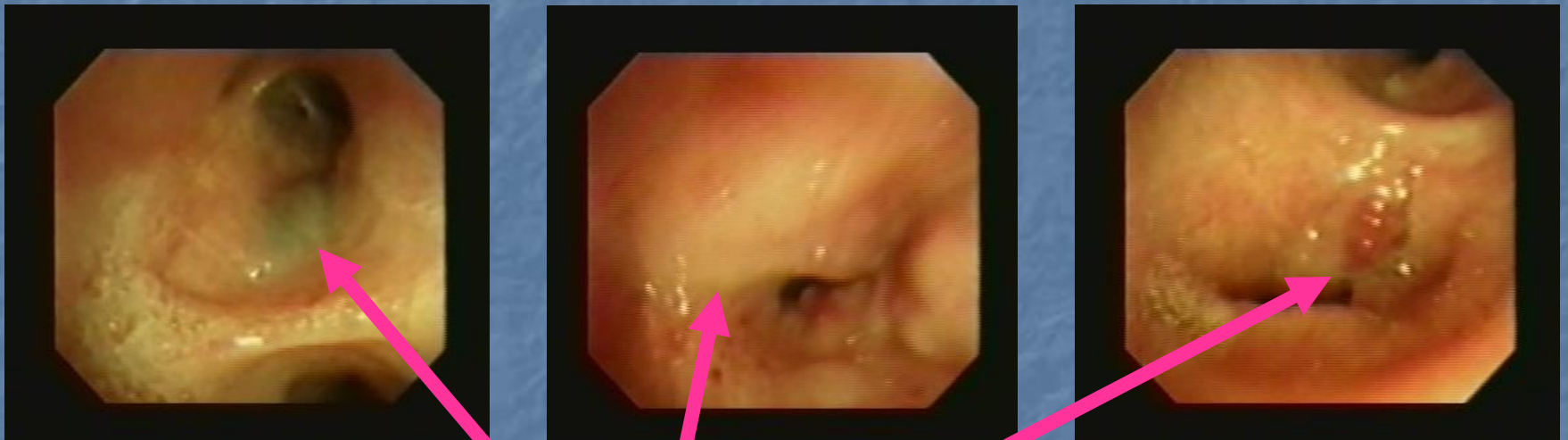
Early lung cancer and carcinoma in-situ

Note discrete granularity on spur RML bronchus



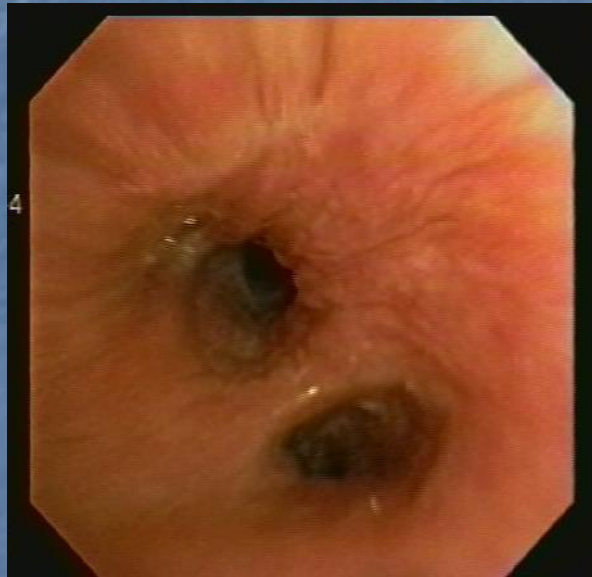
Adjacent erythema, slightly raised mucosa

Metastatic malignant melanoma



Three distinct appearances

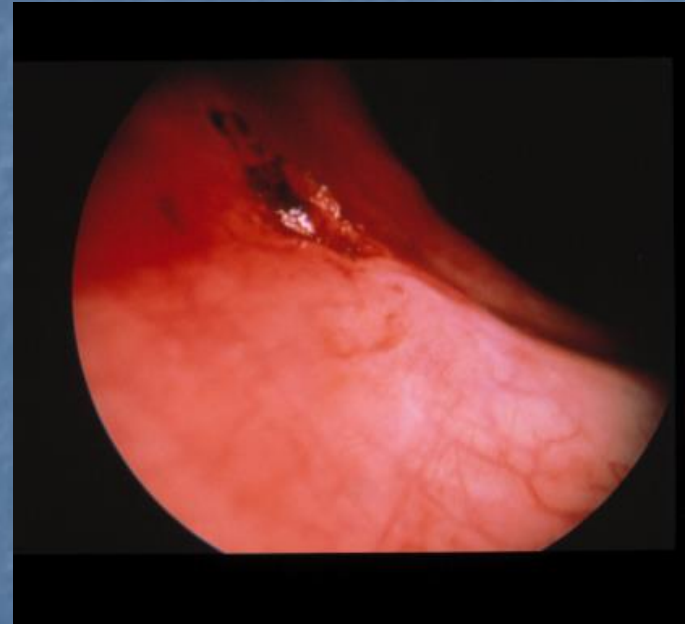
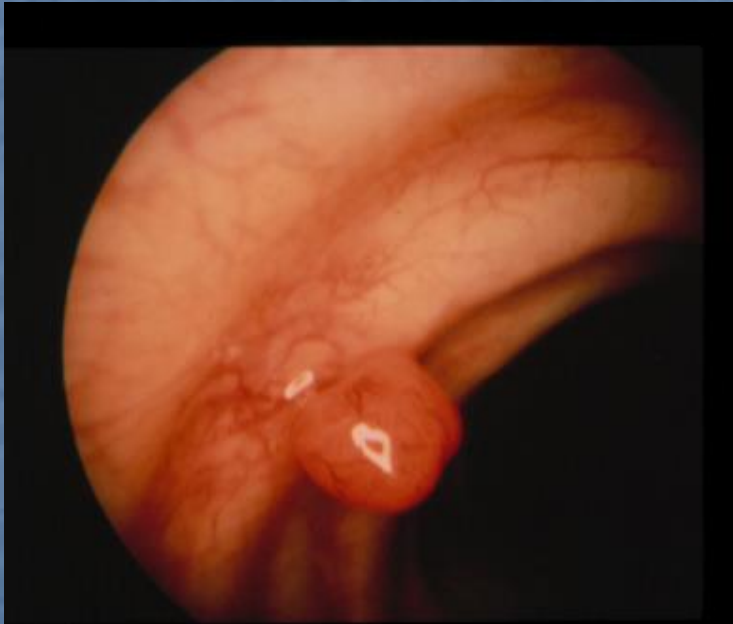
Lymphoma



Infiltrating lower lobe bronchus

Typical carcinoid (trachea)

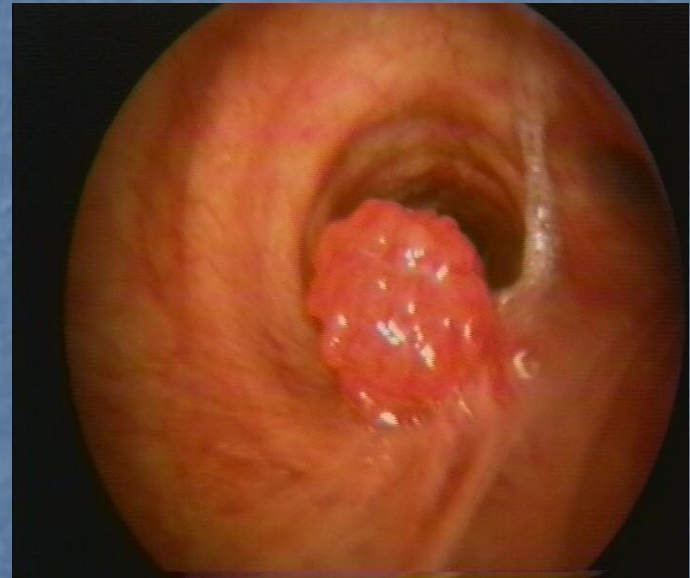
- Open surgery usually curative
- Bronchoscopic surgery may be curative
- Metastases in less than 10 percent



Treatment by Nd:YAG laser resection

Atypical carcinoid tumor

- Open surgery can be curative
- Metastases more frequent than for typical carcinoids
- Bronchoscopic resection alone rarely indicated unless poor surgical candidate



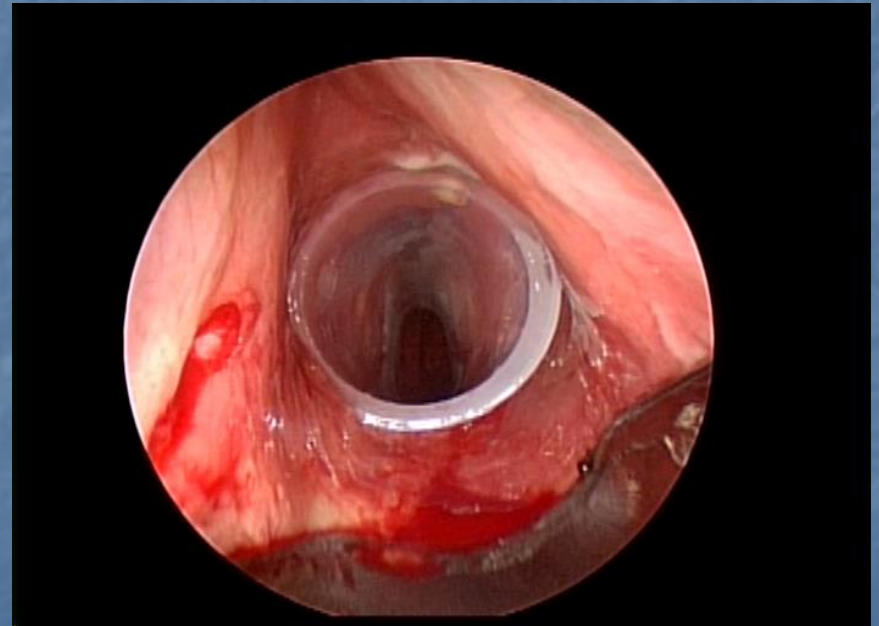
Tumor at right main bronchus directly adjacent to right upper lobe take-off

Thyroid related disease

Goiter

Tumor

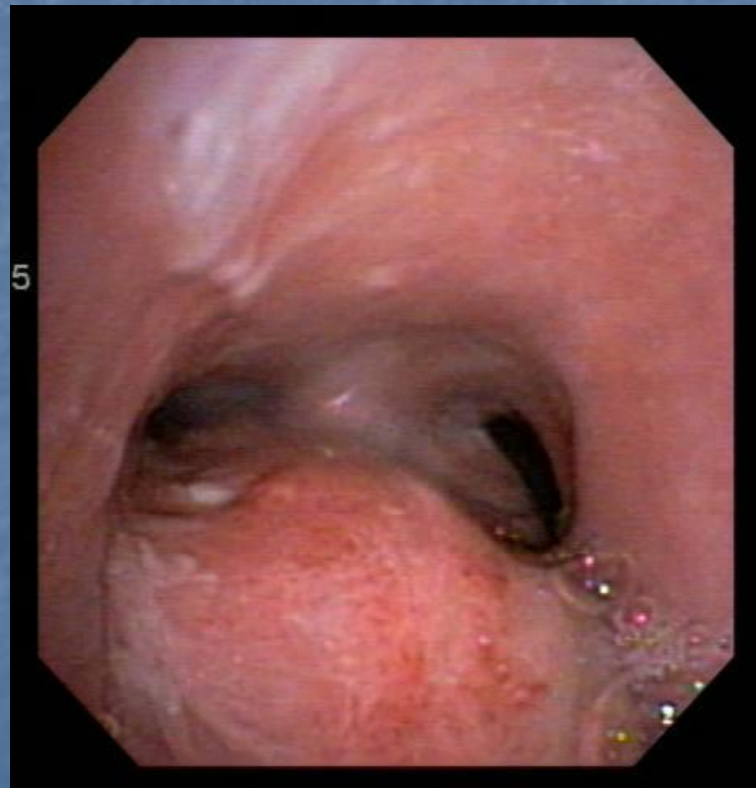
Post resection



Thyroid cancer invading through tracheal wall



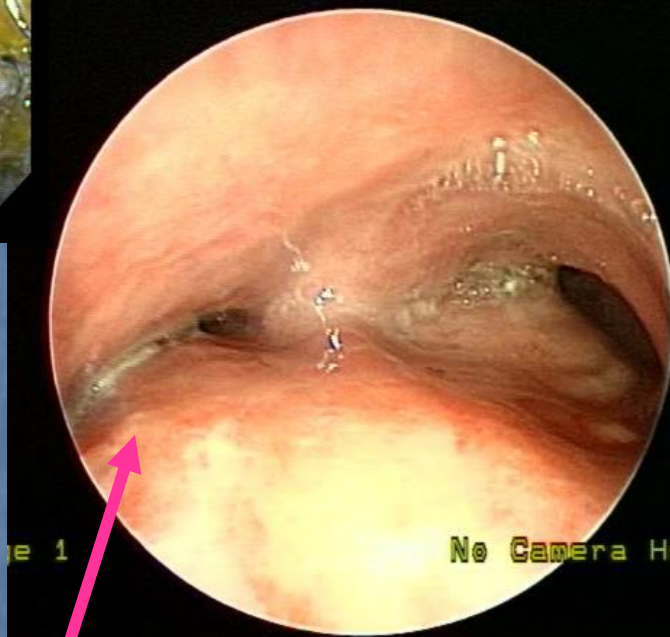
Esophageal cancer invading through airway wall



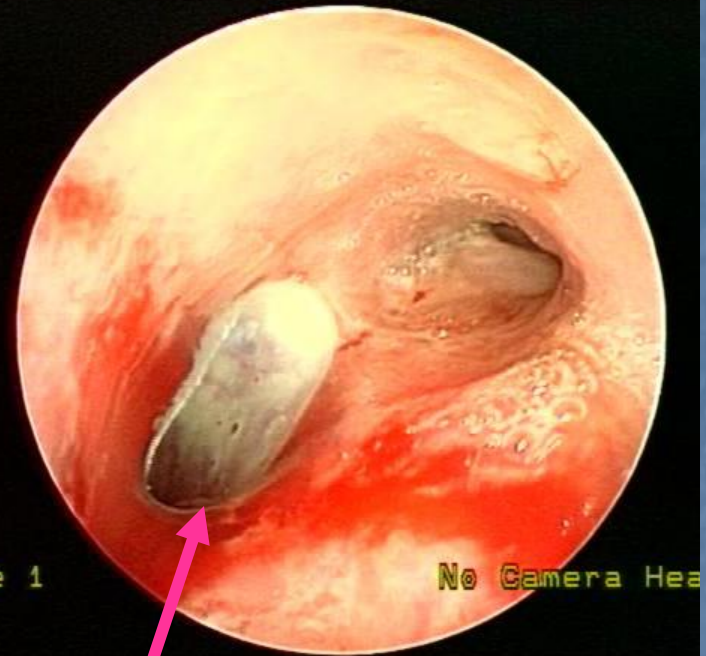
Extrinsic compression from esophageal cancer and esophageal stent



Esophageal
stent



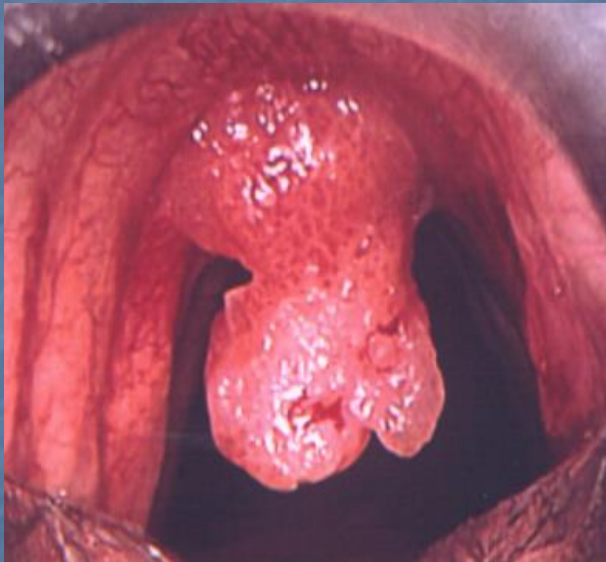
Compression Left Main Bronchus



Silicone stent for palliation

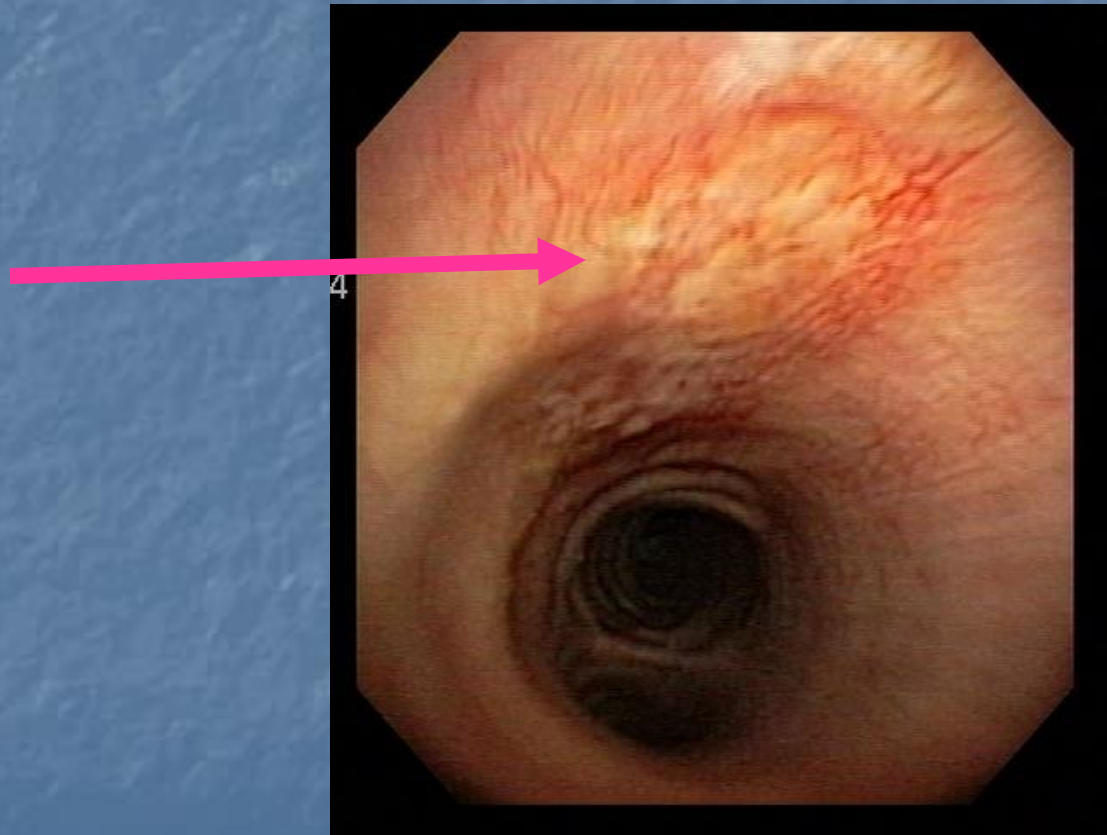
Tracheal Papillomatosis

- May be single or multiple
- Usually recurrent



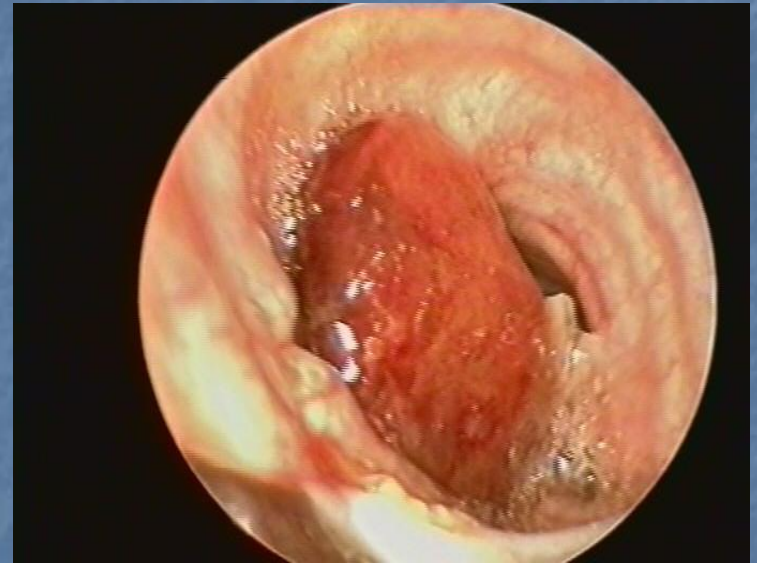
Treatment by Nd: YAG laser resection

Infiltrating nonhodgkin lymphoma



Endobronchial metastases

- Renal cell carcinoma
- Also caused by
 - Breast cancer
 - Melanoma
 - Colon cancer
 - Lung cancer
 - Lymphoma



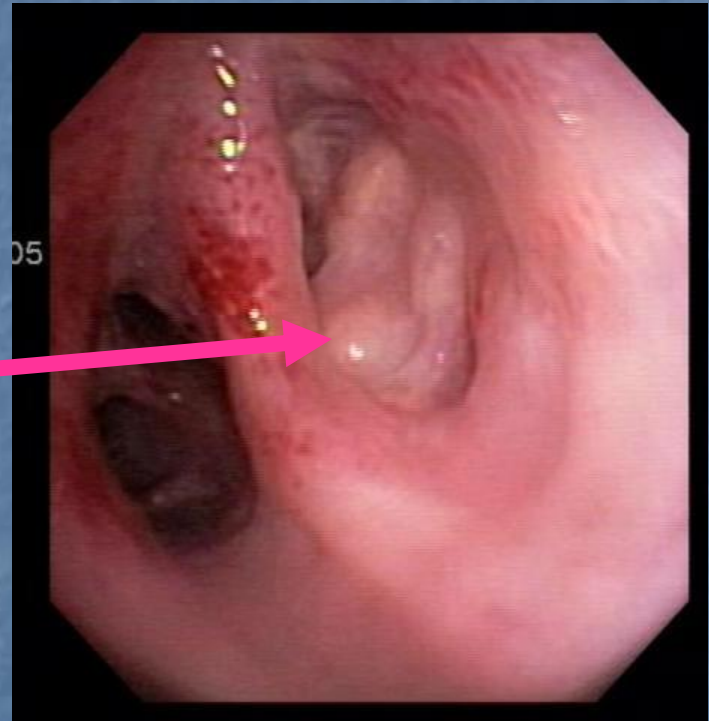
Bronchoalveolar cell carcinoma



Watery, frothy bronchorrea


Bronchial lymph nodes

- Adjacent to posterobasal segment Right lower lobe bronchus

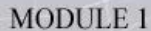


This presentation is part of a comprehensive curriculum for Flexible Bronchoscopy. Our goals are to help health care workers become better at what they do, and to decrease the burden of procedure-related training on patients.

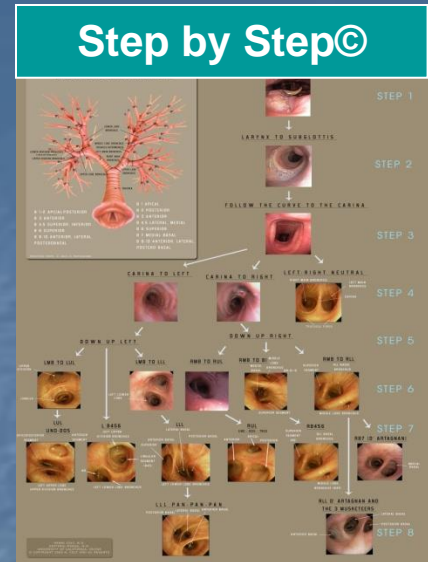
The Essential Bronchoscopist



MODULE 1



Assured competency and proficiency



1. **Web-based Self-learning study guide.**
2. **Computer-based simulations, didactic lectures, and image encyclopedia.**
3. **Bronchoscopy step-by-step©: Practical exercises, skills and tasks, competency testing.**
4. **Guided apprenticeship.**
5. **Learning the art of Bronchoscopy.**



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Thank you