SUMMARY AND CONCLUSION

Fifteen patients with bronchial adenoma encountered in Kasr El Aini Hospital during the last five years, have been studied and reviewed. They represent 5.6% of all primary pulmonary neoplasms. The patients ranged in age from 15 to 51 years with average of 31 years. Out of these 15 patients only four patients are female with an incidence of 26.2%.

Haemptysis is the main presenting symptom encountered in 13 patients of this group. Irritative cough is manifested in eight patients and recurrent chest infection in five patients. Other symptoms like chest pain, shortness of breath and wheezing come later. Symptoms related to the carcinoid syndrome are encountered in one patient.

The duration of these symptoms ranged from 3 months up to 6 years. Physical signs in the chest are variable and not pathognomonic.

The X-ray presentation is as varied as the clinical picture. Bronchography helps to delineate the tumour or to

reveal the presence of secondary bronchiectatic changes distal to the tumour. The most helpful diagnostic tool is bronchoscopic examination and biopsy that clearified the diagnosis in 12 patients or 80% of the 15 patients. In the remaining 3 patients, the diagnosis was possible only after pulmonary resection.

Eight cases have the tumour in the right bronchopulmonary tree, while six in the left and one in the trachea. The intermediate bronchus is the dominant site (4 cases) followed by the right lower lobe and the left upper lobe (3 cases in each). The histological nature is confirmed in 12 cases out of the 15 cases. Nine cases (75%), of the carcinoid type are encountered, while the adenoid cystic carcinoma, the mucoepidermoid carcinoma and the mucous gland adenoma each is presented by one case in the series.

Lung resection was performed in 13 patients (86,6% of the cases). Three patients managed by pneumonectomy, four by bilobectomies and six by lobectomy.
Two patients were managed by radiotherapy.

It is concluded that bronchial adenoma has to be suspected in patients usually young or middle aged adults with

recently acquired respiratory symptoms of cough, haemoptysis, recurrent pulmonary infection, localized wheeze alone or in the varying combinations. They have to be subjected to thorough investigations such as plain X-ray, tomography and bronchographic studies although bronchoscopic examination will remain the most accurate mean for establishing the correct diagnosis.

Even though if these investigations failed to disclose a diagnosis, the patient should be followed up continuously and investigated repeatedly whenever possible at short intervals until the correct diagnosis is made.

We also came to the conclusion that lung resection is the best method for management of bronchial adenomas. Apart from eradicating the tumour, the patient is relieved from the troublesome symptoms caused by the irreversible infectious changes in the lung parenchyma distal to the tumour and the severe haemoptysis which may endanger the life of the patient.