An 81-years-old patient presented himself with dyspnea on exercise and dry cough, for 3 months. He was being treated to Waldenström’s Macroglobulinemia in the prior 6 months and had non-requiring dialysis chronic renal failure as a consequence of the disease. High-resolution CT scan showed pulmonary micro-nodules with some predominance in the bronchial-vascular axis (Figure 1). Due to the findings in the CT scan and the high prevalence of the disease in Brazil, the patient was being treated empirically as having miliary tuberculosis and presented several side effects following the therapy, such as liver toxicity and Steven-Johnson’s dermatitis. He was then referred to our service and submitted to transbronchial biopsy that showed the presence of

Figure 1: CT scan demonstrating pulmonary micro-nodules with some predominance in the bronchial-vascular and scarce ground glass opacities.

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pulmonary ossification in the nodular form (Figure 2), quite possibly secondary to renal failure or to amyloidosis. Tuberculosis drugs were removed, and the patient improved the respiratory symptoms with further therapy to Waldenström’s Macroglobulinemia and diuretics [1,2].

Figure 2: Transbronchial biopsy demonstrating pulmonary metaplastic ossification, adjacent to normal lung alveoli (right) (H&E).

References