

## October 2013 Arizona Thoracic Society Notes

The October Arizona Thoracic Society meeting was held on Wednesday, 10/23/2013 at Shea Hospital beginning at 6:30 PM. There were 21 in attendance representing the pulmonary, critical care, sleep, and thoracic surgery communities.

A proposal was made to decrease the number of meetings from 10 to 8 per year. After a brief discussion, this was adopted. Dr. Parides will try and coordinate these changes with Tucson.

Meetings were announced for December in Tucson, January in Carmel, February in Albuquerque, and April in Phoenix. A suggestion was made to have a separate area for meetings on the SWJPCC website.

There were 2 cases presented-both by Nick Sparacino, a first year fellow at Good Samaritan/VA.

1. The first case was a 48 year old man admitted to podiatry for chronic diabetic foot ulcers. His preoperative chest x-ray revealed multiple pulmonary nodules. Importantly, he had a history of working in a brake pad factory for about 15 years, a strong family history of lung cancer and was currently actively smoking. Review of the chest x-ray and the CT scan revealed that pleural nodules only on the left. Additional history was obtained of a gunshot wound through the spleen into the chest. A liver-spleen scan showed high uptake in the nodules. The nodules were thought to be secondary to thoracic splenosis which occurs when splenic tissue is autoimplanted to the thoracic cavity following splenic injury (1). No further work up or therapy was thought to be needed.
2. The second case was a 66 year old man with 2-3 week history of shortness of breath, subjective fevers, sputum production, two falls without injury, and urinary incontinence. Chest x-ray showed right lower lobe pneumonia and CT scan of the chest showed narrowing of the bronchus intermedius. Bronchoscopy revealed a verrucous, obstructing mass in the bronchus intermedius that was suspicious for squamous cell carcinoma. However, on biopsy the mass separated from the bronchial wall and fractured. It was eventually removed piecemeal with the flexible fiberoptic bronchoscope (1). Pathology was consistent with a walnut.

There being no further business the meeting was adjourned at about 8 PM. The next meeting is scheduled for Wednesday, November 20, 6:30 PM in Phoenix at Scottsdale Shea Hospital.

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## **References**

1. Khan AM, Manzoor K, Gordon D, Berman A. Thoracic splenosis: A diagnosis by history and imaging. *Respirology*. 2008;13(3):481-3. [\[CrossRef\]](#) [\[PubMed\]](#)
2. Boyd M, Chatterjee A, Chiles C, Chin R Jr. Tracheobronchial foreign body aspiration in adults. *South Med J*. 2009;102(2):171-4. [\[CrossRef\]](#) [\[PubMed\]](#)