Eur Respir J 2005; 26: 358–367
DOI: 10.1183/09031936.05.00038305

CORRESPONDENCE

Iatrogenic causes of hilar radiopaque densities

To the Editors:

We read with interest the case by VANDOOREN *et al*. [1], which highlighted one unusual cause of iatrogenic lung hilar densities. Embolisation of cement following percutaneous application and, indeed, embolisation of other foreign material (for example, cyanoacrylate glue and sclerotherapy agents) following endoscopic injection of gastric or oesophageal varices is well recognised [2].

We recently described the novel management of post-pneumonectomy empyema with bronchopleural fistula using bronchoscopic glue injection [3, 4]. Cyanoacrylate glue is mixed with lipiodol for endobronchial injections into the submucosal layer of the proximal end of the bronchopleural fistula, raising the mucosa and thereby reducing the diameter of the fistula. The success rate of bronchoscopic closure of post-lung-resectional bronchopleural fistula (<0.5 cm in diameter) using this technique in selected patients was 83% [3]. The

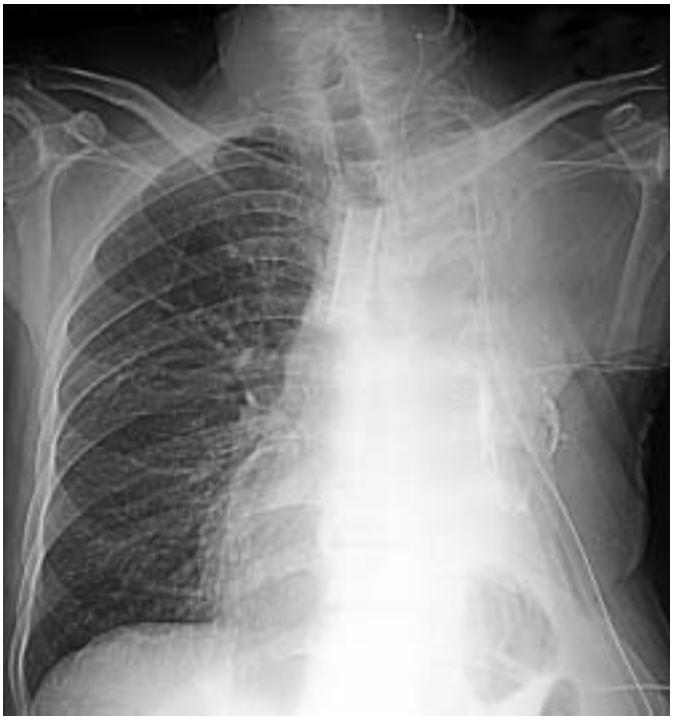

FIGURE 1. Chest radiograph.

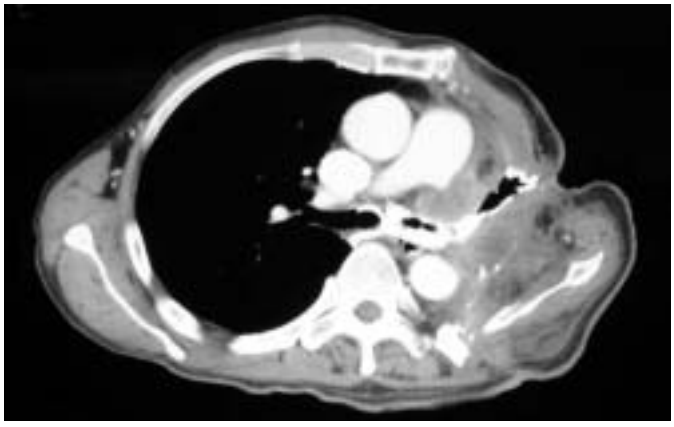

FIGURE 2. Chest computed tomography scan.

images shown (figs 1 and 2) are from a 62-yr-old male with left post-pneumonectomy bronchopleural fistula treated with glue and lipiodol injections, and Dumon stent to the right main bronchus, after failed surgical repair of the fistula. The radiopaque lipiodal glue mixture is occluding the left bronchopleural fistula with spillage into the left pleural cavity, which highlights the muscle transposition flap. Clinicians should be aware of this form of bronchoscopic therapy, and recognise it as another cause of iatrogenic hilar radiopaque densities.

C.S.H. Ng, T.W. Lee and A.P.C. Yim
Dept of Surgery, The Chinese University of Hong Kong, Shatin, Hong Kong.

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