

A RARE CASE OF OF DIFFUSE PULMONARY OSSIFICATION COMBINED WITH LEFT-SIDED CHYLOTHORAX

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Abstract

Diffuse pulmonary ossification is a rare pathology, characterized by diffuse deposition of small fragments of bone tissue in the lungs. The disease is often asymptomatic and revealed accidentally at X-ray examination. Sometimes a shortness of breath, hemoptysis, spontaneous pneumothorax are found. The course of the disease is chronic, gradually progressing. Typically a restrictive type of pulmonary ventilation is formed. The final diagnosis requires its histological verification. There are two histological types of pulmonary ossification - nodular (nodules) and branching (dendriform).

A clinical case of an unusual combination of diffuse pulmonary ossification and left-sided chylothorax is presented. Before admission to Institute clinic, the patient was diagnosed with compressive fractures of two vertebrae and diffuse pulmonary dissemination. The tumor (metastasis of anonymous cancer) was suspected, and a course of radiotherapy was used. Six months later, left-sided chylothorax additionally developed. Due to lack of an accurate diagnosis, the patient was hospitalized. A number of clinical, functional and laboratory examinations was performed, which did not allow to verify diagnosis. It was decided to perform a videotoracoscopy with right lung biopsy and a clipping of the ductus thoracicus. Pathological conclusion: diffuse pulmonary ossification (branching type). Postoperative period was regular. The follow-up treatment and supervision by a pulmonologist were recommended.

Conclusion. The case of diffuse pulmonary ossification combined with chylothorax has been described for the first time. The performance of a minimally invasive procedure — videotoracoscopy with occlusion of the lymphatic duct and subsequent lung biopsy helped to confirm both final clinical diagnosis and the improvement of the patient's condition.

Key words: diffuse pulmonary ossification, chylothorax, diagnostics.

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