A CASE OF PULMONARY MICROLITHIASIS

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This patient was seen on the 2nd of January, 1959, on account of cough blood stained sputum and shortness of breath which had started six months previously, shortness of breath was worse on exertion, recently he had occasionally bouts of fever.

F.H. Nothing important.

![Figure 1](image1)

On Examination - a well built healthy looking man, slightly cyanosed on exertion, clubbing of the fingers was slight, heart sounds were normal. Pulse 104 per minute. B.P. 110/60. A few rales were audible over the lower parts of both lungs otherwise no other abnormality could be detected in systemic and physical examination.

Chest x-ray - lower parts of both lungs were dense and the heart shadow could not be clearly seen on the left side, the upper parts of both lungs were a bit clearer and had an appearance of wide spread mottling with fine calcified granules (Figure 1).

![Figure 2](image2)

Blood picture:

- W.B.C. 9,800
- 5% eosinophils
- R.B.C. 5,000,000
- Hb. 90%
- E.S.R. 20 m.m. 1st hour (Westergren)

Sputum had been examined for A.F.B. several times with negative results.
is laminated onion-skin appearance similar to corpora amyloidea.

Diagnosis: Pulmonary alveolar microthisti.

We have been using puncture biopsy of lung for the last two
months in selected cases and have had satisfactory results; we have
found it particularly useful in cases where other investigations
failed to determine diagnosis.

Summary:

A case of pulmonary microthisti is described and diagnosis was
made by one of us (S.S.) and histology was performed by another
(F.F.). The material from the alveoli was fixed with neutral formal.
The material was embedded in paraffin and sections were stained with
cresyl violet. The sections showed well-defined borders of the
alveoli and the walls were lined with a layer of epithelial cells.

Histologically, the alveoli were filled with hematoxylin; this substance
was stained with eosin. The walls of the alveoli were composed of a
thin layer of connective tissue, and the lumen was filled with a
clear, eosinophilic material. The margins of the alveoli were
highlighted by a thin layer of eosinophilic material.
results. A needle biopsy was performed by one of us (S.S.) and histology was as follows (Figures 2, 3, 4 and 5).

Lung alveolar walls were normal but inside the alveoli were filled with a substance which deeply stains with hematoxin; this substance is laminated onion-skin appearance similar to corpora amylacea.

Diagnosis: Pulmonary alveolar microlithiasis.

We have been using puncture biopsy of lung for the last twelve months in selected cases and have had satisfactory results; we have found it particularly useful in cases where other investigations have failed to determine diagnosis.

Summary:

A case of pulmonary microlithiasis is described and diagnosis confirmed by needle biopsy.

Résumé

Un cas de Microlithiasis (Calciosphrite) pulmonaire diagnostiqué par ponction biopsie est discuté.

References.

2. The Familial Occurrence of Pulmonary Alveolar Microlithiasis.