Broncholithiasis is a rare condition characterized by the presence of broncholiths within the tracheobronchial tree. Broncholiths are usually calcified peribronchial lymph nodes, often the sequelae of granulomatous disease or fungal infections, that have eroded into the airway over time. Patients could present with cough, hemoptysis, lithoptysis, recurrent pneumonia, or bronchial fistulas. Spontaneous expectoration of the broncholith will sometimes resolve the symptoms, but surgical intervention may be required.

Endoscopic removal via rigid bronchoscopy may be attempted if the broncholith is small, at least partially mobile, and proximal enough in the airway to facilitate its removal. If the broncholith cannot be removed via bronchoscopy, open thoracotomy and broncholithectomy is the alternative. Broncholiths differ from other airway foreign bodies in that they erode into the lumen through the tracheobronchial wall, potentially eroding through the vasculature as well. Complications of removal include massive hemorrhage and bronchial injury, regardless of surgical technique.

In the computed tomography image shown, the radiodense broncholith completely obliterates the right bronchus intermedius in a patient presenting with recurrent pneumonia (fig.). The endoscopic images show the view from the right main bronchus with the broncholith in situ and then again postendoscopic removal.

Competing Interests
The authors declare no competing interests.

Correspondence
Address correspondence to Dr. Woods: amy.woods@utsouthwestern.edu

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