Idiopathic pulmonary ossification

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Herein, we report a 50-year-old smoker with chronic cough and no other pre-existing conditions in his medical history. Lung function tests and laboratory findings were normal. The computed tomography showed a bilateral reticulonodular pattern with calcifications (Fig. 1). We performed a thoracoscopic biopsy. Histopathological examination revealed a pulmonary ossification of unknown aetiology (Fig. 2).

Figure 1: The computed tomography of the chest showing the resected lesion with a reticulonodular pattern and calcification (marked by an arrow). Similar multiple lesions were seen in both lungs.

Figure 2: Haematoxilin–Eosin (H&E) stain showing the localized foci of a mature ossification within the alveolar lung parenchyma. Ossification foci are located mostly within the alveolar spaces and are composed of compact bone formations with reparative changes. (A) H&E, ×5; (B) H&E, ×10.

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