

## Bronchial Stenosis and Extensive Bronchiectasis due to Wegener's Granulomatosis

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Dear Sir,

Much has been learned about pathogenesis and natural history of Wegener's granulomatosis (WG). Likewise, our armamentarium of therapeutic options has increased considerably. Tracheobronchial involvement, however, remains a diagnostic and therapeutic challenge. Here, we briefly describe the case of a patient with biopsy-proven WG of the nose, paranasal sinuses and kidney who, while on treatment with cyclophosphamide and steroids, developed a stenosis of the right upper lobe bronchus and severe bronchiectasis necessitating surgical removal of the affected lobe.

A then 50-year-old male patient presented first in January 1997 with pneumonia, night sweats, and weight loss. On examination there was mild left hemiparesis. A computed tomography scan of the brain disclosed a 2-cm lesion of the internal capsule. Severe pansinusitis was also detected. Eventually, surgery of the paranasal sinuses was performed and histology of the specimen revealed granulomatous vasculitis. Prompted by nephritic urinary sediment and normal serum creatinine, urgent renal biopsy was performed revealing pauci-immune crescentic glomerulonephritis. Infiltrations of the right upper lobe, previously interpreted as pneumonia, failed to clear despite adequate antimicrobial chemotherapy. However, further workup of the thoracic abnormalities was deferred because the patient wished so. Augmented by positive assays for cytoplas-



**Fig. 1.** Chest x-ray of the patient at presentation with recurrent pneumonia; note the infiltrations of the right upper lung field.

mic antineutrophilic antibodies and anti-proteinase-3 antibodies, a diagnosis of WG with involvement of nose, sinuses, kidney and probably lung was made. Treatment with steroids and oral cyclophosphamide was initiated. Six months after the initial

presentation, the patient presented again with recurrent pneumonia and hemoptysis. Chest x-ray showed linear infiltrations of the right upper lobe (fig. 1). A computed tomography scan showed extensive bronchiectasis of the right upper lobe (fig. 2). Vital capacity

