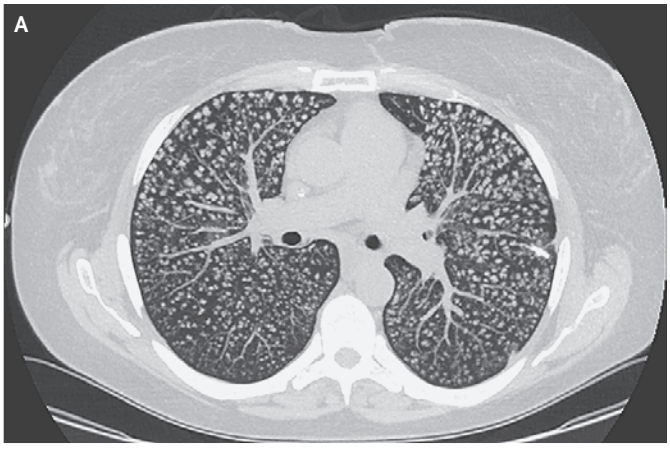
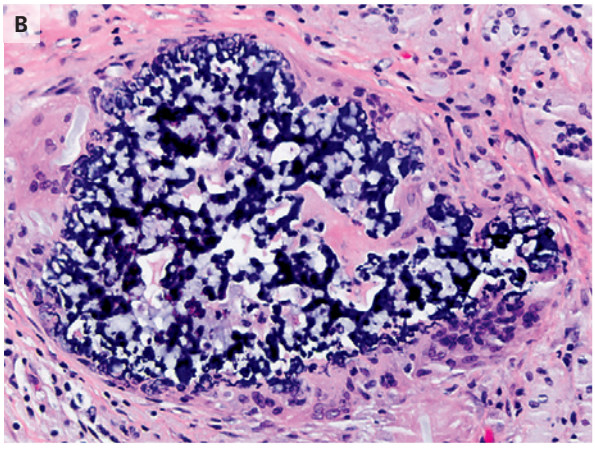
IMAGES IN CLINICAL MEDICINE

Chana A. Sacks, M.D., *Editor*

Pulmonary Foreign-Body Granulomatosis





A 31-year-old woman who was receiving long-term total parenteral nutrition after having undergone Roux-en-Y gastric bypass that was complicated by small-bowel resection presented to the pulmonology clinic with exertional dyspnea that had progressed over the course of 1 year. She had normal oxygen saturation while breathing ambient air and was not in respiratory distress. Breath sounds were normal in all lung fields, with no wheezing, ronchi, or crackles. Computed tomography of the chest revealed diffuse, innumerable centrilobular nodules in both lungs (Panel A). A lung-biopsy sample obtained by video-assisted thoracoscopic wedge resection revealed perivascular aggregates of histiocytes and foreign-body giant cells with abundant basophilic foreign material in coral-like structures (Panel B). The material was confirmed by mucicarmine staining to be crospovidone, an inactive ingredient present in many oral medications. The patient received a diagnosis of pulmonary foreign-body granulomatosis, which can occur after injection or nasal inhalation of pulverized tablets, often opioids or stimulants, that contain inert fillers such as crospovidone, talc, or cellulose. She reported that she had been using the vascular access for her total parenteral nutrition to inject oral opiates that had been previously prescribed for her after abdominal surgery. Although the best available treatment for pulmonary foreign-body granulomatosis has not been established, treatment of the underlying opioid-use disorder is critical. At follow-up 6 months after the patient's initial presentation (3 months after diagnosis), her dyspnea remained unchanged and was not limiting her daily functioning.

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