

Clinical Image

Severe Endobronchial Ecchymosis as a Cause of Hemoptysis

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At the Emergency Department, a 58-year woman presented with a 7-day history of moderate hemoptysis. Ten years earlier, she had been diagnosed of a papillary thyroid carcinoma that was treated by total thyroidectomy plus radioiodine. After 2 years of follow-up, she developed bilateral lung metastases. At that time, she was on systemic therapy with sunitinib. An elective flexible bronchoscopy was performed showing a severe patchy submucous ecchymosis in the trachea (A) and a non-bleeding endobronchial mass in the posterior basal segment of left lower lobe (B, white arrow). In addition to symptomatic management, sunitinib was discontinued for 2 weeks, and restarted at reduced dose. Antiangiogenic tyrosine kinase inhibitors have improved progression-free survival in advanced thyroid cancer. However, a wide spectrum of side effects have appeared including an increased risk of bleeding. Although life-threatening hemoptyses due to perturbation of endothelial function, tumor cavitation or thrombocytopenia are rare, clinicians must be aware of this side effect in patients at risk.

