



Pulmonary Langerhans Cell Histiocytosis in an Infant

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Clinical Image

A 10-month-old male infant was diagnosed with cutaneous and pulmonary Langerhans cell histiocytosis. The chest CT-scan showed several bronchiolocentric, ill-defined nodules, either solid or mostly cavitary, up to 2 cm in diameter. First-line chemotherapy with vinblastine and prednisone was started, but, one month later, the patient was admitted due to hypertensive pneumothorax requiring surgical drainage. Chest CT-scan showed disease progression (Figure 1A), with the evolution of the known lesions into confluent bi-lobed or cloverleaf cavities of considerable size, some of which with thin walls in subpleural areas. In light of disease progression and patient's oxygen dependence, a second-line chemotherapy with cytarabine, vincristine and prednisone were started, together with additional daily oral 6-mercaptopurine. After six months, the CT-scan documented significant reduction in number and size of the known cystic formations, with re-expansion of lung parenchyma (Figure 1B). The child is well and continues treatment with progressive clinical improvement.

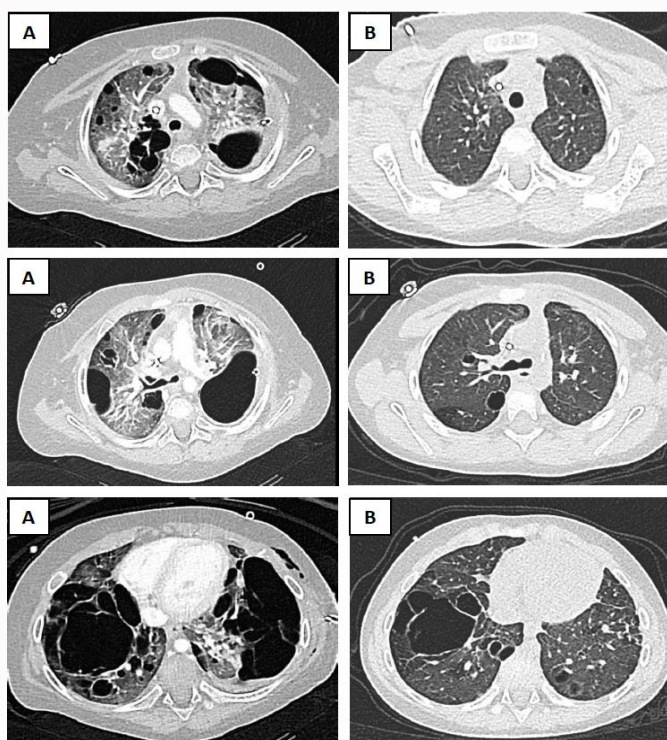


Figure 1: CT-scan.

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