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| **Bronchial Anthracofibrosis: a rare complication of anthracosis** |
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| **Introduction/Aim:**  Bronchial anthracofibrosis (BAF) is a rare pulmonary disease with a diverse array of clinical and radiological manifestations due to long-standing exposure to biomass fuel smoke. We describe a case of BAF that presented to our institution with the objective to highlight the unusual manifestations of this condition, one that is rarely seen in developed countries such as Australia.  **Case Report:**  An 84-year-old woman of Serbian heritage was referred for our assessment following multiple abnormalities on an outpatient CT scan including persistent collapse of the lingula and left lower lobes, calcified mediastinal lymph nodes and bilateral pleural effusions. She had a chronic productive cough with mild associated exertional dyspnoea. Her background was significant for chronic kidney disease, atrial fibrillation and previous venous thromboembolism. She was a life-long non-smoker. Significantly, she was a housewife and was also employed in a kitchen for many decades in Serbia where she used wood and charcoal stoves for most of her life. Bronchoscopy demonstrated widespread patches of anthracosis with multiple bronchi appearing narrowed with no obvious endobronchial lesion. Washings, brushings and biopsies of the left lingula did not reveal evidence of malignancy or tuberculosis. Left thoracocentesis also revealed a transudative effusion with negative cytology and no evidence of tuberculosis. Our impression was that of anthracofibrosis with the pleural effusions likely related to cardiac failure and chronic kidney disease. Progress imaging have revealed ongoing stable collapse of the lingula and left lower lobes and will continue to be monitored in the future.  **Conclusion:**  Bronchial anthracofibrosis is more frequently seen in Asia and the Middle East and very rarely reported in Australia. There is no established treatment for BAF and management strategies are conservative, aimed at providing symptomatic relief. Given Australia’s multicultural demographic, clinicians should be aware of this disease particularly if there are suspicious radiological and bronchoscopic findings. |