

CLINICAL CASE

Lymphoid follicular bronchiolitis post-adenovirus infection

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Abstract

Background: Follicular bronchiolitis, a rare lung injury, is characterized by abundant hyperplastic lymphoid follicles with reactive germinal centers distributed along the bronchioles with compression of the lower intrathoracic airway. In the literature there are few reports of follicular bronchiolitis in the pediatric population. Data obtained from this disease have been extracted from studies in adult patients. Treatment is based on steroids with a good prognosis. **Case report:** We describe the case of a 5-year-old female with a history of severe pneumonia at 3 years of age, isolating adenovirus in the viral panel. Subsequently, she had recurrent wheezing and chronic cough. High resolution thoracic computed tomography (CT) showed ground glass pattern, bronchiectasis, air trapping and right basal atelectasis. Lung biopsy was performed and reported lymphoid follicular bronchiolitis.

Conclusions: Lymphoid follicular bronchiolitis is a rare entity that requires a high level of suspicion in patients with a history of adenovirus infection, clinical symptoms of bronchial hyperreactivity and radiological changes in ground glass pattern, bronchiectasis and air trapping. Lung biopsy by thoracotomy is the key for diagnosis and prognosis.

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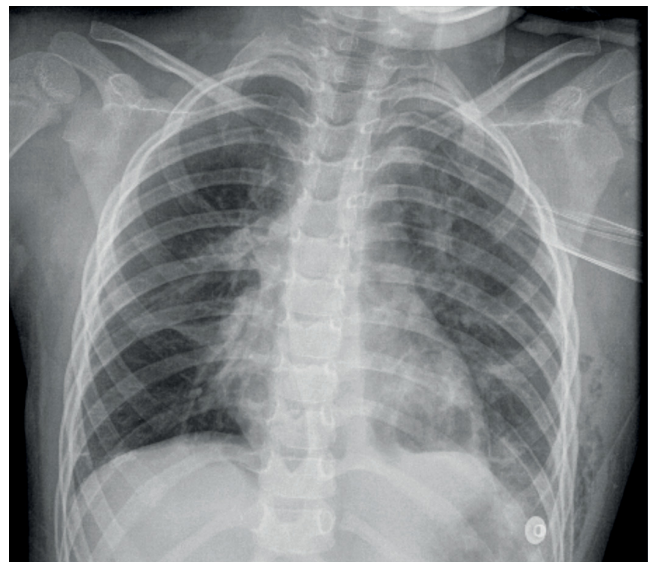
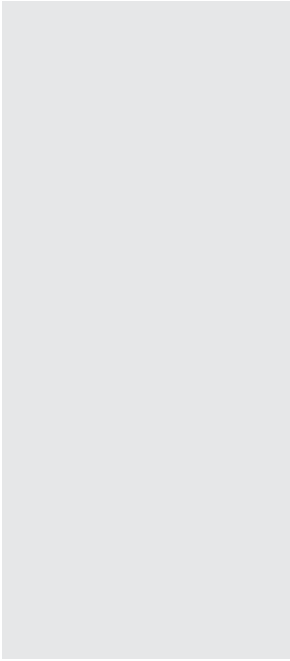


Figure 1 Chest x-ray with right basal atelectasis, air entrapment and bilateral interstitial infiltrate.

