A 59-year-old male patient, 40 pack-year smoker, presenting dry cough and progressive dyspnea. Denies suffering from any other diseases and claims to have no relevant personal or family history.

**COMMENTS**

In the tomographic images, we can see areas of centrilobular emphysema accompanied by centrilobular nodules, some of which presented small cavitations.

In adults, Langerhans cell histiocytosis (LCH) is a disease that is associated with smoking and whose distribution is predominantly centrilobular and is found in the upper lobes, rarely affecting the lung bases or costophrenic sulci.

Some typical finding in the initial phase of the disease include centrilobular nodules, often with ill-defined borders, that resemble those seen in respiratory bronchiolitis, together with other, basically circumscribed, nodules accompanied by cavitations, as illustrated in this case. These nodules are consistent with peribronchial proliferation of Langerhans cells.

In the later stages, the nodules accompanied by cavitation develop, together with cysts. That is the classic form of the disease seen in tomography scans.

The nodular form of LCH is, therefore, the early manifestation and typical presentation of the disease. When this form is seen in conjunction with relevant epidemiological data, clinicians should suspect a diagnosis of LCH.

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REFERENCES


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