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Pulmonary Alveolar Microlithiasis

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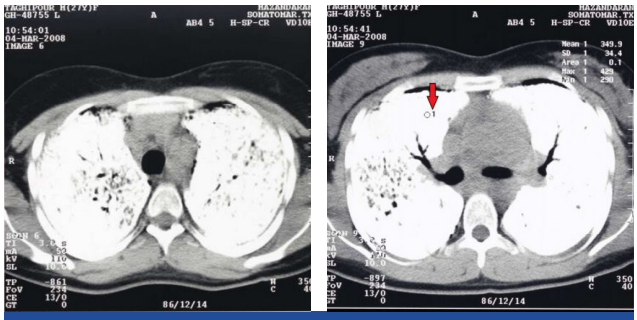
A 27 years old woman referred to our institute with a 3 years history of dyspnea on exertion. In the past two weeks, her symptoms have been progressively worse and complicated with hemoptysis in her last cough attack. Her past medical history was remarkable for persistent cough. She had extremities cyanosis and clubing and Crackles in lung fields on her physical examination. Pulmonary function test showed a restrictive pulmonary pattern. Thoracic computed tomography was done for the patient and showed a rare view [Table/Fig-1]. Diffuse alveolar consolidation with air bronchogram, septal thickness and calcified nodules predominated in mid and lower zones of the lung was obvious. Density of the lung parenchyma was 349 Hu that was suggestive for ossification of the lung [Table/Fig-2]. Her Transbronchial lung biopsy and isotope scan confirmed the diagnoses of pulmonary alveolar microlithiasis (PAM). There is no definite treatment and only supportive interventions are considered for these patients. The patient died during an episode of acute respiratory infection one year later.



[Table/Fig-1]: Diffuse alveolar consolidation with air bronchogram, septal thickness and Clacification with calcified nodules predominance in mid and lower zone of the lung **[Table/Fig-2]:** Density of the lung parenchyma was 349 Hu (arrow) that was suggestive for ossification of the lung

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