Erciyes Med J 2020; 42(1): 114 • DOI: 10.14744/etd.2019.06332
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Pulmonary Alveolar Microlithiasis

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A 65-year-old male visited our clinic with complaints of progressive shortness of breath on exertion that persisted for the last 4 years and dry mouth. He had no known pulmonary disease and was 20 pack-year smoker. Physical exam was normal except for bilateral wheeze and coarse crackles on auscultation. Laboratory results were normal, and pulmonary function test showed moderate restrictive lung disease. Chest X-ray images showed diffuse alveolar nodular pattern (sand-storm) (Fig. 1); chest computed tomography results revealed diffuse bilateral calcification with septal thickening and black pleural sign indicative of pulmonary alveolar microlithiasis (PAM) (Fig. 2).

PAM is a rare hereditary diffuse lung disease characterized by widespread sand-like intra-alveolar calcifications. Its etiology is unknown; however, it has autosomal recessive pattern. Dry cough, shortness of breath, and nonspecific chest pain are common symptoms, but the patients could remain asymptomatic for years. The only definite treatment for PAM is lung transplantation (1, 2).

Informed Consent: Written informed consent was obtained from patients who participated in this study.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept – SH, AH; Design – AH; Supervision – SH, SMK; Materials – SH, SMK; Data Collection and/or Processing – SH, AH; Analysis and/or Interpretation – AH; Literature Search – SH, SMK, AH; Writing – AH; Critical Reviews – SMK, SH.

Conflict of Interest: The authors have no conflict of interest to declare.

Financial Disclosure: The authors declared that this study has received no financial support.

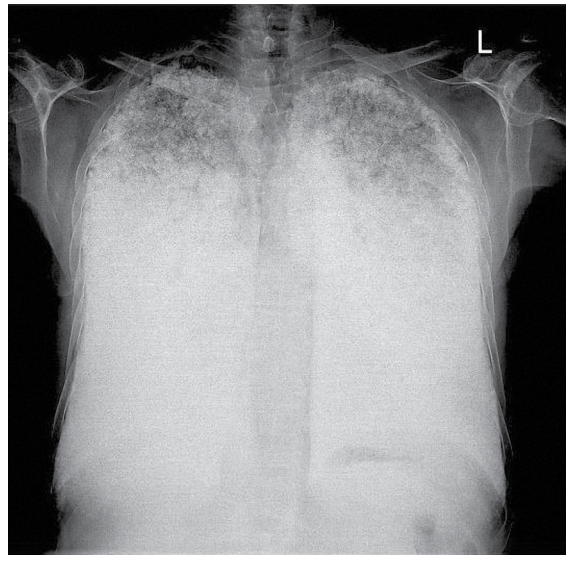

Figure 1. Chest X-ray image exhibit diffuse alveolar nodular pattern (sand-storm)

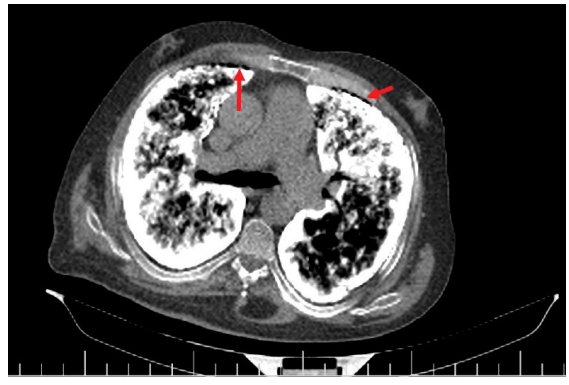

Figure 2. Chest computed tomography scan shows diffuse bilateral calcification with septal thickening and black pleural sign (red arrow) indicative of pulmonary alveolar microlithiasis (PAM)

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Cite this article as:
Hoseininia S, Mohammadi Kebar S, Habibzadeh A. Pulmonary Alveolar Microlithiasis. Erciyes Med J 2020; 42(1): 114.

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Submitted
28.09.2019

Accepted
11.11.2019

Available Online Date
14.01.2020

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