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Warfarin Sodium Induced Tracheal and Bronchial Calcification

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Introduction: Tracheobronchial calcification is a common, normal finding on chest radiographs especially in the elderly women population. These findings are recognized incidentally. We present two cases having tracheal and bronchial calcification due to medication 'warfarin-sodium'.

Case 1: Sixty two years-old woman admitted cause of cough to our institution. Her physical examination metallic mitral click sound was auscultated. Pulmonary function test and laboratory findings was normal. Also her chest X-ray was normal. In her chest computed tomography, tracheal and bronchial calcification seen. We suggested fiberoptic bronchoscopy procedure. But the patient didn't accept it. On her chest X ray and CT, imaging related to metallic-mitral valve and in her medical history, she informed us that she was operated owing to mitral valve replacement hence she has used warfarin-sodium.

Case 2: Fifty five years-old woman was examined for preoperative evaluation. She didn't have any pulmonary symptoms and no abnormal findings on her pulmonary examination. Pulmonary function test and laboratory parameters were normal. The operation was planned due to umbilical hernia and in initial her thoracoabdominal computed tomography had been taken. We detected calcification on trachea and bilateral main bronchus. The patient had atrial fibrillation and she has used warfarin-sodium.

Conclusion: Tracheal and bronchial calcification generally occur at five or six decades and commonly in women. In differential diagnosis; age-related changes, metabolic disorders such as hyperparathyroidism, amyloidosis, tracheobronchopathia osteochondroplastica should come to mind. Chronic warfarin-sodium therapy is another cause of tracheobronchial calcification and first time in 1990 tracheobronchial calcification was detected in three children after mitral valve replacement and warfarin sodium therapy. On the back of in 1992 Moncada reported a study related to tracheal and bronchial calcification due to prolonged prophylactic anticoagulant therapy with warfarin sodium. Presented two cases had used to warfarin-sodium owing to cardiac diseases and their radiological imaging, ages and gender were similar and compatible with literature knowledges. We aim to attract notice that warfarin-sodium induced calcification can occur especially in elderly women patients and the clinicians can detect only radiological findings without severe pulmonary symptoms and patients' medical history is a key to find cause.

Keywords: Tracheal and bronchial calcification, warfarin sodium, chest computed tomography