

REFERENCES

1. Raub JA, Mathieu-Nolf M, Hampson NB, Thom SR. Carbon monoxide poisoning—a public health perspective. *Toxicology* 2000; 145: 1-14.
2. Mehta SR, Niyogi M, Kasthuri AS, Dubal U, Bindra S, Prasad D, *et al.* Carbon monoxide poisoning. *J Assoc Phys India* 2001; 49: 622-625.
3. Krishnan S, Kuppuswamy G, Mani S, Majid MA. Carbon monoxide poisoning. *J Assoc Phys India* 1971; 19: 409-411.
4. Thom SR, Taber RI. Delayed neuro-psychologic sequelae after carbon monoxide poisoning: Prevention by treatment with hyperbaric oxygen. *Ann Emerg Med* 1995; 25: 474-480.
5. Olson KR, McGuigan MA. Toxicology and accidents. *In: Rudolph's Pediatrics* 20th ed. Rudolph AM. Prentice Hall International Inc. London. 1996; p 822-823.

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## Plasma Cell Granuloma of the Lung

A 9-year-old girl presented with history of high-grade fever and cough for 2 months duration. She was thin built, febrile and had mild pallor. Systemic examination revealed dullness and decreased breath sounds in right infraclavicular region. Other systems were normal. Chest skiagram revealed a rounded opacity in right upper lobe (*Fig. 1*). CT chest revealed a mass in right upper lobe. On thoracotomy there was a 6.5-7 cm mass in the right upper lobe with few hilar nodes. Right upper lobectomy was done and the mass was removed in toto. Cut section showed a well-demarcated pale white solid mass. Histopathological examination was suggestive of plasma cell granuloma.

Plasma cell granuloma, an inflammatory pseudotumor is a non-neoplastic process characterized by unregulated growth of inflammatory cells. It is a rare lesion that usually presents as a solitary nodule, but may be multiple and involve more than one ipsilateral lobe or both the lungs in children(1).

This is frequently seen in adults and occurs rarely in children younger than 10 years of age, however this is the most common benign lung mass in infant and children. Various terms like inflammatory myofibroblastic tumor, fibrous xanthoma, xanthogranuloma, xanthofibroma, histiocytoma and fibrous histiocytoma are used based on predominant cell type and stroma. The pathogenesis is not clear, but is considered as a reparative process of an inflammatory lung lesion. Most of them are asymptomatic at the time of presentation, but some may have symptoms like fever, chest pain, cough, hemoptysis, airway obstruction



*Fig. 1. Chest X-ray showing a rounded opacity in right upper lobe.*

and dysphagia due to esophageal obstruction. Deaths have been reported due to extrinsic compression of mediastinal structure(2,3). In chest radiograph, CT or MR imaging, the lesion usually appears as a well-defined solitary parenchymal nodules(3), rarely as ill-defined mass and occasionally cavitation may occur. Right lung is more commonly affected and the size can vary from 0.5 to 36 cm. Plasma cell granulomas are non-neoplastic and often locally invades the mediastinum, diaphragm, chest wall, vertebral bodies and major vessels(1). Primary hilar adenopathy may also be present, however metastatic spread has not been reported. The natural course is usually either a slow growth or spontaneous resolution. As preoperative imaging and intraoperative biopsy are indistinguishable from that of malignancy, surgical resection of the mass or lobectomy is done depending on diagnostic uncertainty and anatomical position. Diagnosis is usually confirmed by frozen section biopsy. Histopathologically, pulmonary pseudotumor demonstrates a mixed inflammatory infiltrate with a preponderance of plasma cells; evaluation shows varieties of inflammatory cells including lymphocytes, fat laden macrophages and other types of lung parenchymal

cells. Recurrences after resection are rare but have been reported(2). Although benign, they have the capacity for local invasion; rapid growth and few of these tumors are also known to undergo sarcomatous transformation(4).

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#### REFERENCES

1. Singh RS, Dhaliwal RS, Puri D, Behera D, Das A. Inflammatory pseudotumor of the lung: Report of a case and review of literature. *Indian J Chest Dis Allied Sci* 2001; 43: 231.
2. Shochat S. Tumors of the Lung. In: Oneill JA, Rowe MI, Grosfeld JL, Funkalsrud EW, Coran AG, editors. *Pediatric Surgery Volume 1.5th ed.* Mosby; St. Louis, Newyork, London, Toronto, 1998. p 921-925.
3. Oldham KT. Lungs. In: Oldham KT, Colombani PM, Forglia RP, editors. *Surgery of Infants and Children-Scientific Principle and Practices.* 1st ed. Lippincott-Raven publisher; Philadelphia, Newyork, 1997. p. 935-970.
4. Bahadori M, Liebow AA. Plasma cell granulomas of the lung. *Cancer* 1973; 31: 191-208.

### **Shortage of Tuberculin in India: Reason and Remedy**

In recent months several doctors have complained that tuberculin is not available from the usual source, namely the BCG Laboratory in King Institute, Guindy, Chennai. Many of us suspected that its

manufacture had been suspended for some reason and that sooner than later production will be resumed. A few days ago this matter was discussed with the current director of Tuberculosis Research Institute (Chennai) in the presence of the previous director Dr. S. P. Tripathy. Dr. Tripathy clarified the situation and the details came as an eye-opener to me and I will be failing in my duty if they were not brought to the attention of our Academy