

## An Unusual Cause of Hemoptysis in a Young Female

Pankaj Gupta, Raju Sharma, Surendra K. Sharma

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### Introduction

**A** 28-year-old female presented with recurrent epistaxis and mild hemoptysis for two years. There was no fever, dyspnea, palpitations, obstructed breathing or hematuria. There was no history of past tuberculosis or drug intake. Both her parents died when she was 5-years of age from suspected tuberculosis. On examination, she had pallor and nasal telangiectasia.

Blood pressure and pulse rate was normal. There was no clubbing, cyanosis or pedal edema. Cardiovascular system examination was normal. Laboratory investigations revealed normal hematological profile with a hemoglobin of 12.5 g, platelet count of 250,000/ $\mu$ l, and prothrombin time of 12 seconds. Chest radiograph showed ill-defined nodules in the right middle and left lower zones (Fig. 1). A contrast enhanced computed tomography (CECT) of the chest was undertaken. Sequential axial CECT sections (Figs. 2a and b) of the chest in lung and mediastinal window settings are shown below.



Figure 1: Chest Radiograph.

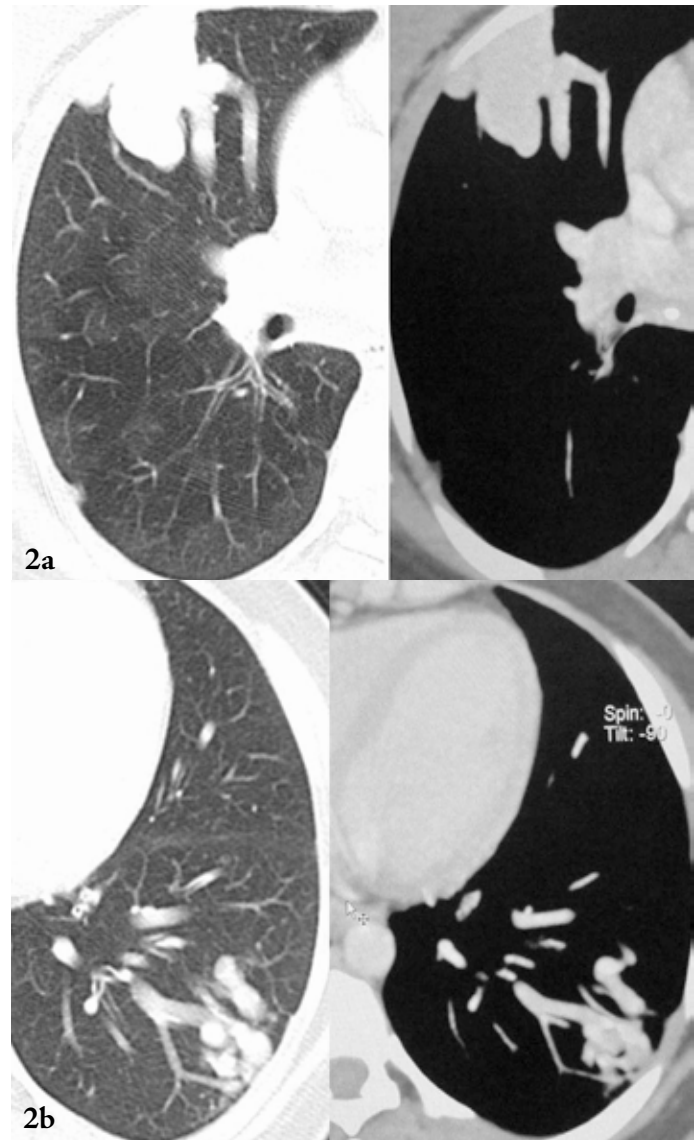


Figure 2a & b: Sequential axial CECT sections.

### Question

What is your diagnosis?

- A. Wegener's granulomatosis
- B. Bronchiectasis
- C. Multiple arterio-venous malformations
- D. Metastases
- E. Rheumatoid nodule

Answer on page 458

