

# Typical Carcinoid

- Low-grade malignant neuroendocrine neoplasm, which rarely metastasizes to extrathoracic structures
- Consider carcinoid tumor in symptomatic young and middle-aged patients with well-defined central nodule or mass with endoluminal component

# Synonyms

- "Bronchial adenoma" formerly used to describe tumors arising in central airways (trachea and mainstem bronchi)
  - Included several central airway malignancies
    - Bronchial carcinoid
    - Adenoid cystic carcinoma
    - Mucoepidermoid carcinoma
  - Carcinoids are malignant; term "adenoma" is misnomer

# Presentation

## – **Most common signs/symptoms**

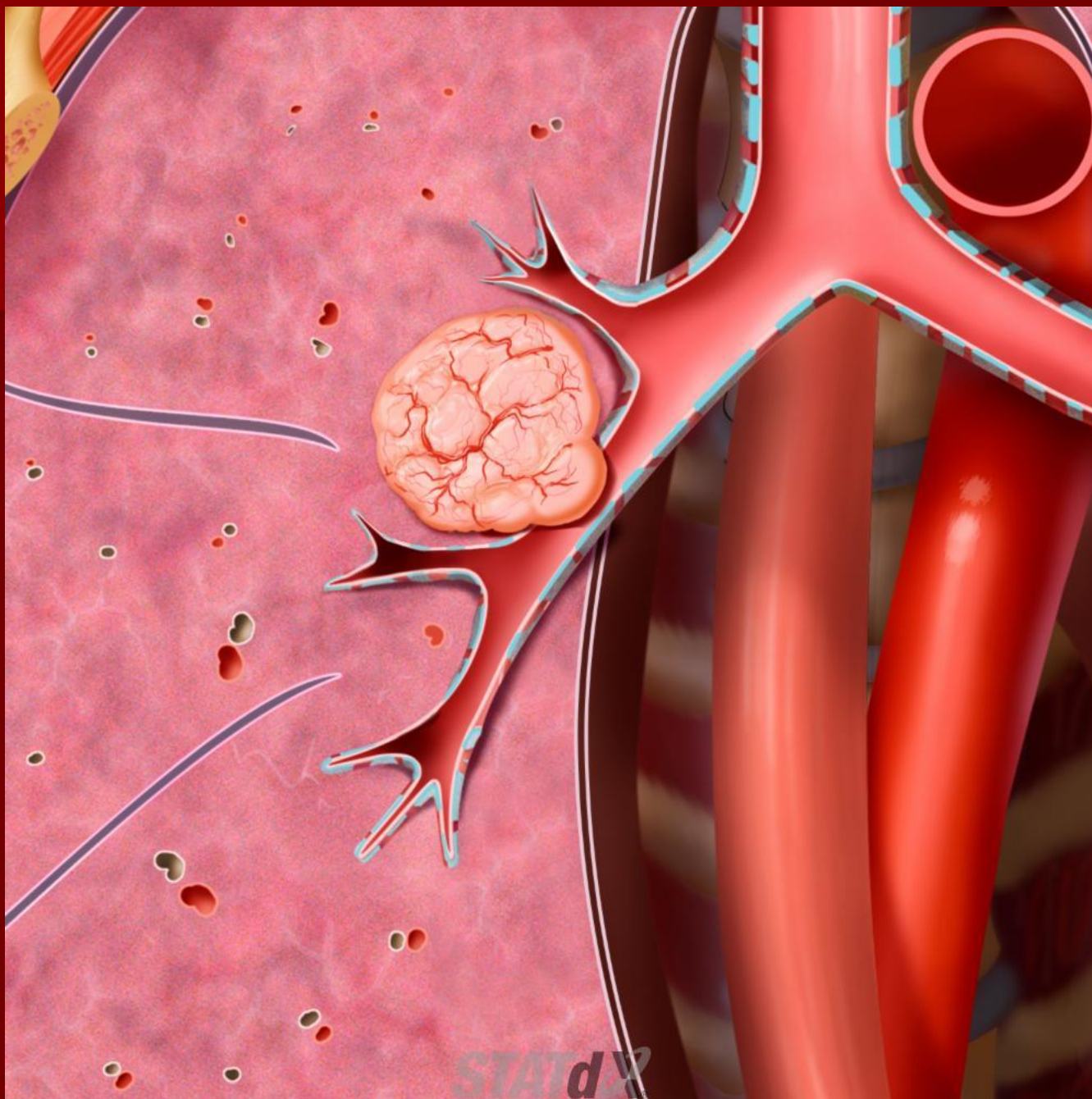
- Cough
- Hemoptysis in 50% (vascular neoplasm)
- Recurrent pneumonia
- "Adult-onset asthma," wheezing

## – **Other signs/symptoms**

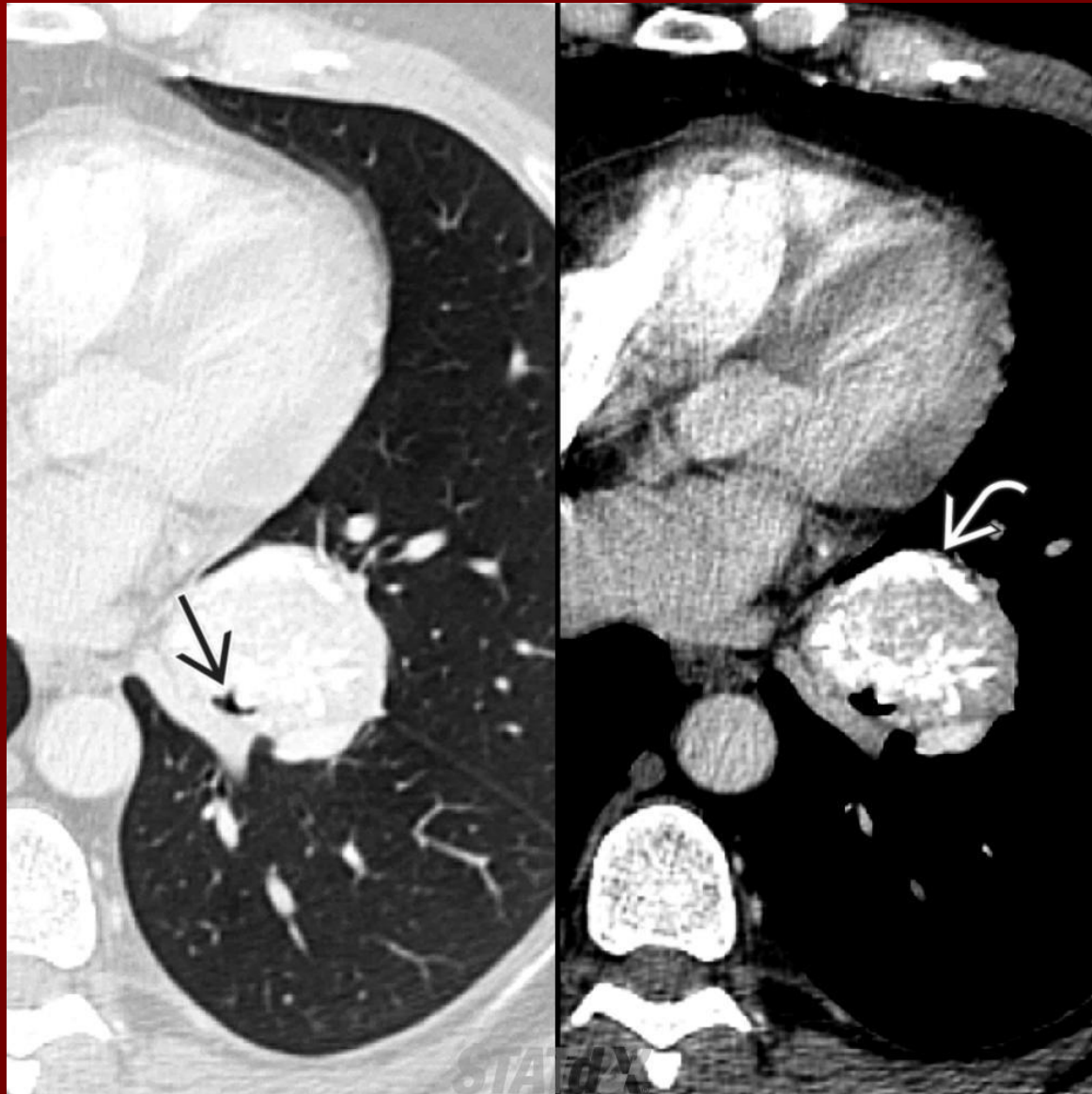
- Cushing syndrome: Ectopic production of adrenocorticotrophic hormone (ACTH)
  - 2% of bronchial carcinoids
- Carcinoid syndrome: Cutaneous flushing, diarrhea, and bronchospasm
  - Systemic release of vasoactive substances, such as serotonin and other amines
  - Rare with thoracic carcinoid tumors
  - Almost all affected patients have hepatic metastases

# CT

- Avidly enhancing central nodule or mass
- Calcification/ossification in 30%
- Endobronchial, partially endobronchial, abutting bronchus, or peripheral lung nodule
- Postobstructive effects
  - Atelectasis, consolidation, bronchiectasis

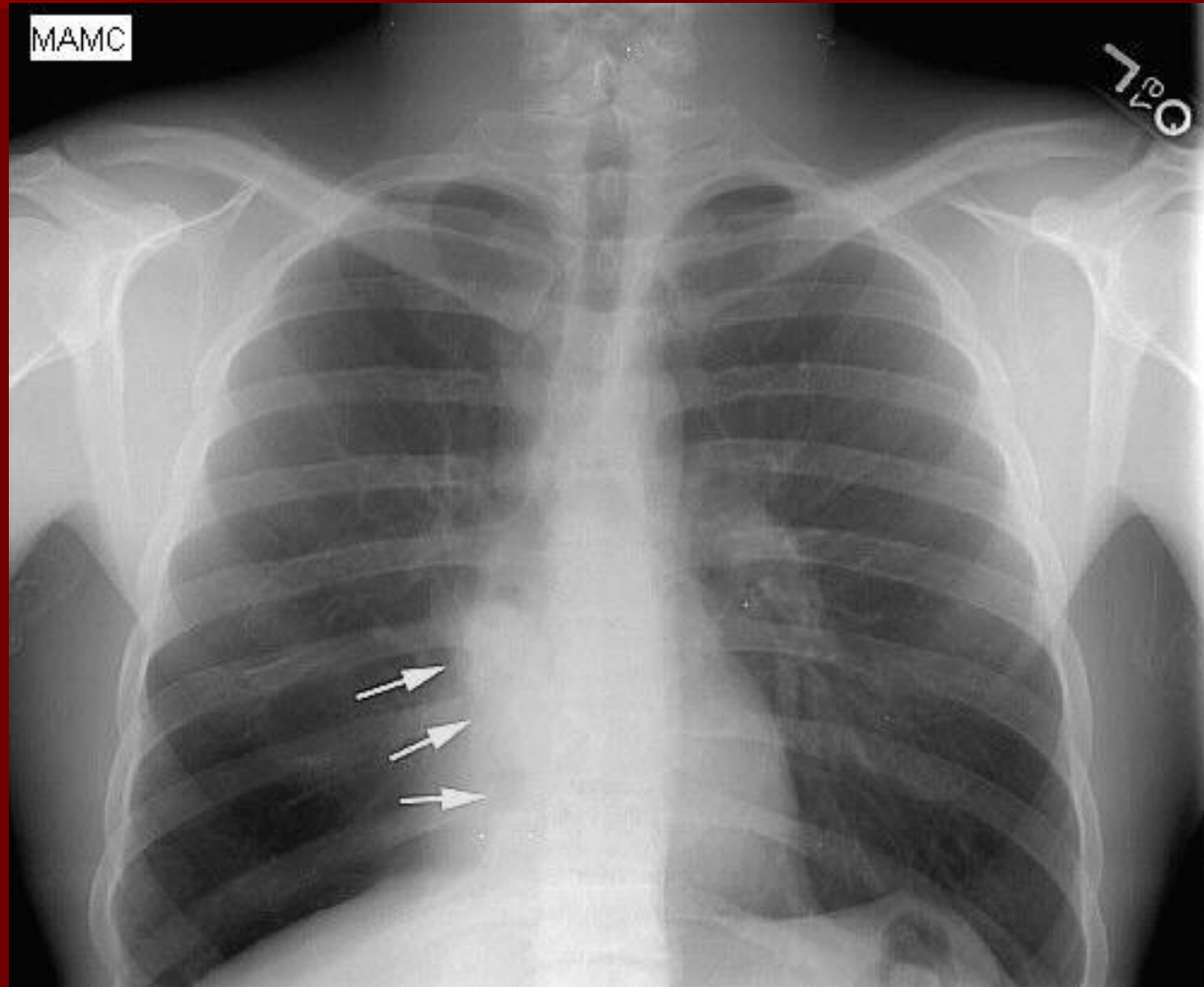


Graphic shows the typical morphologic features of bronchial carcinoid, which characteristically manifests as a central polylobular nodule with an endoluminal component. Blood vessels in the tumor stroma may result in intense contrast enhancement.



Composite image with CECT in lung (left) and soft tissue (right) window of a 48-year-old man who presented with wheezing shows a central bronchial carcinoid with a large endoluminal component (black solid arrow) and multifocal intrinsic calcifications (white curved arrow).

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