

# BENIGN LUNG TUMOURS

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Benign tumours of the lung are uncommon and account for fewer than 15% of solitary lesions seen on chest radiographs. A peripheral tumour usually causes no symptoms until it is large; a central tumour may present with haemoptysis and signs of bronchial obstruction while still small. A tumour is likely to be benign if it has not increased in size on chest radiographs for more than 2 years or it has some degree of calcification; however, a tissue diagnosis is usually pursued. Most benign nodules are granulomas (tuberculosis or histoplasmosis). The most common benign tumour is a hamartoma, a developmental abnormality containing mesothelial and endothelial elements. Diagnosis (and definitive treatment) is achieved by excision of the lesion. Any of the mesodermal elements of the lung may form a mesodermal tumour (chondroma, lipoma, leiomyoma). Deposits of amyloid may have a similar radiographic appearance to a nodule (pseudotumour).

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