

# BSTl case presentation

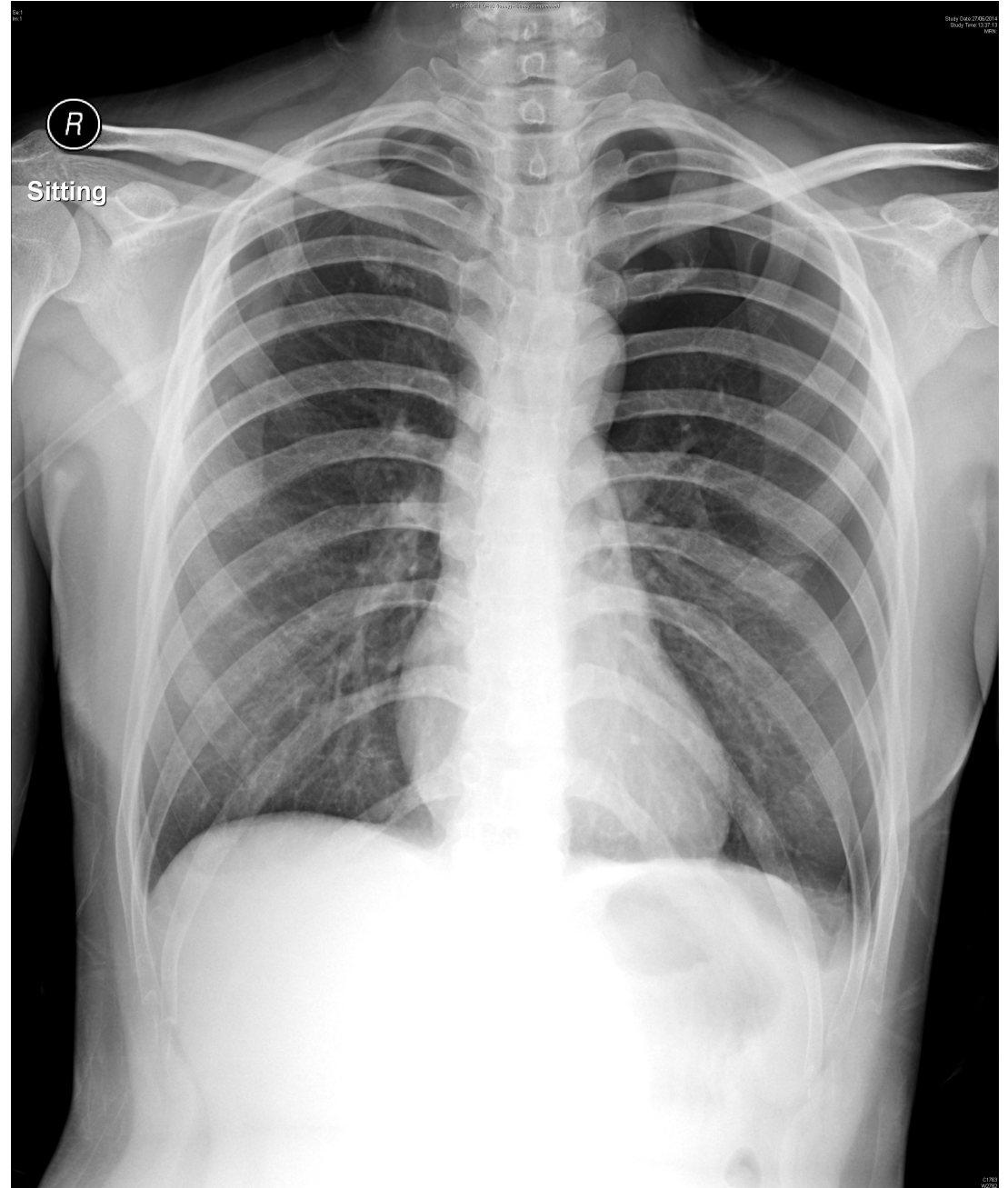
Dr. Sheung Yan Lo, FRCR (presenting author)

Dr. Timothy Hon, FRCR FHKCR

Dr. Joyce Hui, FRCR FHKCR

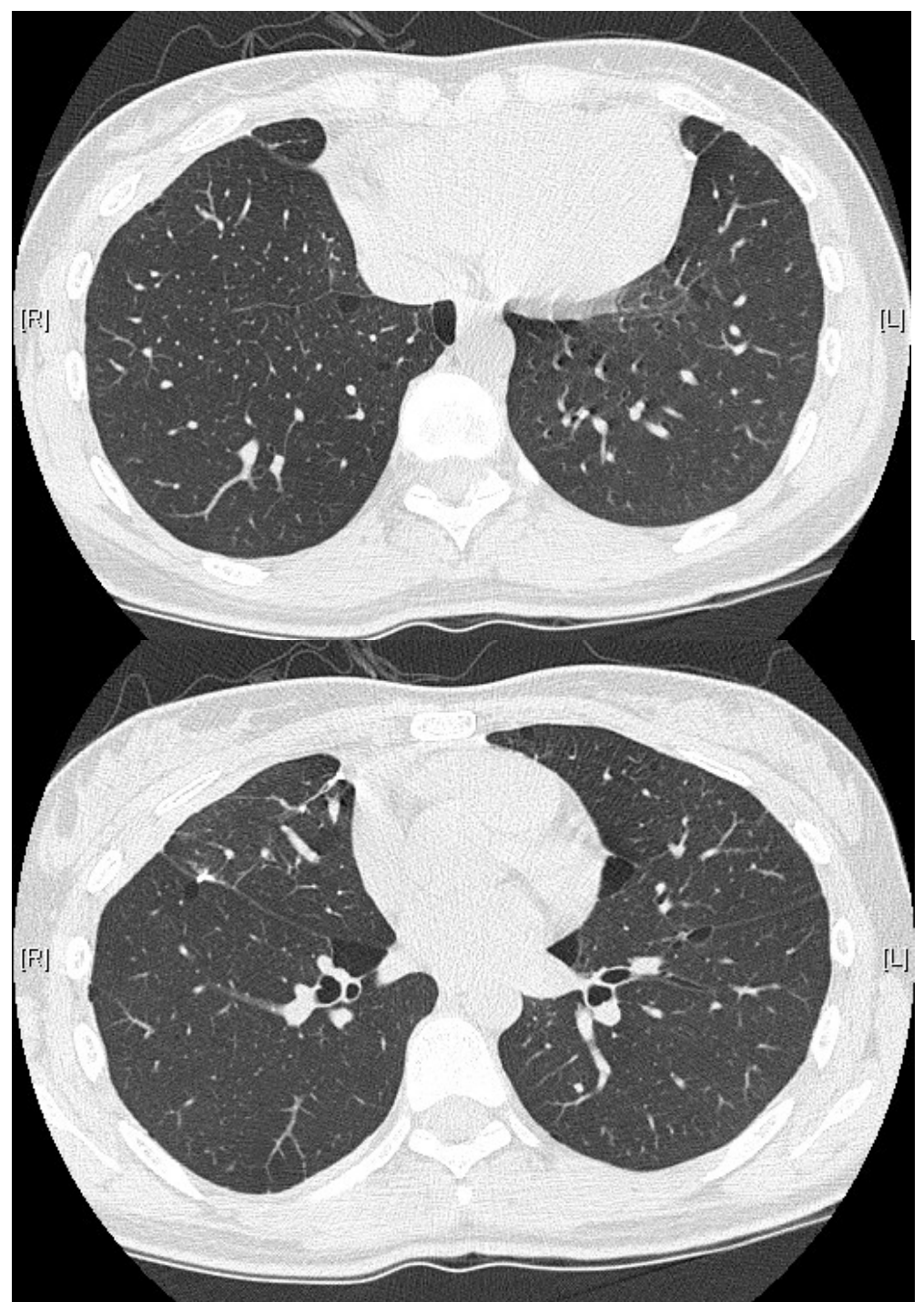
# Clinical History

- A 34-year-old Chinese female with good past health, presented spontaneous bilateral pneumothoraces.
- The episode of pneumothorax is not related to menstruation nor oral contraceptive pills.



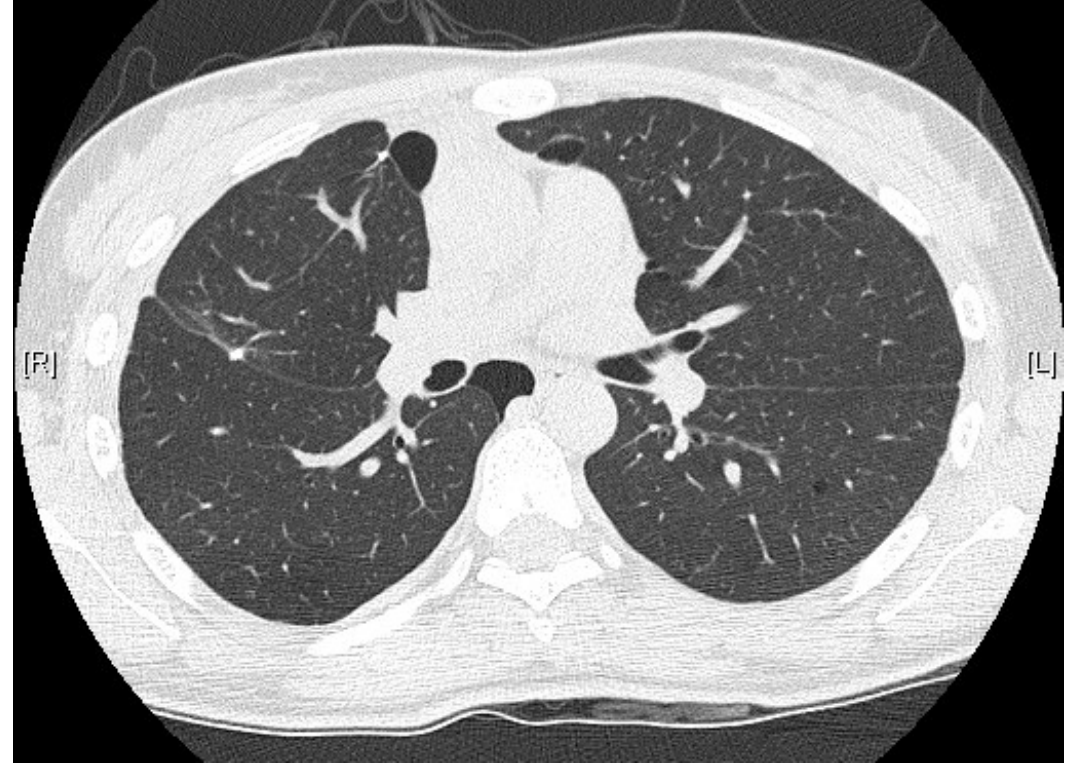
# Clinical History

- HRCT showed scattered scant blebs <2cm over bilateral pulmonary subpleural regions in upper and lower lobes.



# Clinical History

- HRCT showed scattered scant blebs <2cm over bilateral pulmonary subpleural regions in upper and lower lobes.



# Clinical progress

- Bilateral pleurodesis was undergone
- Histology
  - para-septal emphysema
  - formation of subpleural blebs right upper and middle lobes, left upper and lower lobes.
  - No evidence of malignancy.

# Investigation

- Her alpha anti-trypsin level is normal.
- Pulmonary function showed no airflow obstruction.

# Clinical progress

- On the meanwhile, patient's elder sister (36 years old) also developed an episode of left spontaneous pneumothorax at later date, which was resolved with conservative treatment.
- The patient and the patient's elder sister did not present any skin lesions.

# Diagnosis

- Their genetic test showed heterogeneous for a 1 BP duplication variant, suggestive of the heterogeneous status of Brit-Hogg-Dubé syndrome (BHDS).





# Further investigation

- USG kidney for younger sister
  - absence of renal tumor.
- MRI kidney for elder sister
  - no renal tumor was detected.

# Management Plan

- They have regular respiratory and urology follow up for BHDS

# Discussion

- Birt-Hogg-Dubé syndrome (BHDS) is an autosomal dominant multi-systemic disorder.
- It is characterized by clinical manifestation including
  - skin hamartoma
  - renal tumors
  - pulmonary cysts with spontaneous pneumothorax

# Birt Hogg Dube syndrome – Skin manifestation

- Skin hamartomas
  - Fibrofolliculomas
  - Trichodiscomas
  - Acrochordons
- Location
  - Face
  - Neck
  - Upper trunk
- Morphology
  - smooth dome-shaped and white to fleshed color papules
- Age of presentation
  - 3rd to 4th decade

# Birt Hogg Dube syndrome – Skin manifestation

- Skin hamartomas
  - Fibrofolliculomas
  - Trichodiscomas
  - Acrochordons
- Location
  - Face
  - Neck
  - Upper trunk
- Morphology
  - smooth dome-shaped and white to fleshed color papules
- Age of presentation
  - 3rd to 4th decade

# Birt Hogg Dube syndrome – Pulmonary manifestation

- Lung cysts are a hallmark of lung involvement, causing an increased risk of pneumothorax
- BHDS related lung cysts
  - multiple, irregular shaped
  - variable in size and number
  - tend to be located at the basilar, subpleural, and mediastinal region of the lungs
    - in contrast to the typical apical location in the primary spontaneous pneumothorax and emphysema
- In our case series, both Chinese young adult female siblings presented with pneumothorax as a first presenting symptom.

# Birt Hogg Dube syndrome – Renal manifestation

- Increased risk for developing different types of renal tumors
  - ranging from benign oncocytomas to malignant renal carcinomas
  - Approximately 30% of the patients will develop renal tumors which correspond to a seven-fold increased risk
- The most threatening complication of BHDS is renal cell carcinoma
  - About 15% of patients with BHDS by the age of 70
  - Regular abdominal imaging surveillance is important.

# References

- Birt AR, Hogg GR, Dubé WJ. Hereditary multiple fibrofolliculomas with trichodiscomas and acrochordons. *Arch Dermatol* 1977; 113:1674–1677
- Nishant Gupta, Kuniaki Seyama, and Francis X. McCormack. Pulmonary manifestations of Birt- Hogg-Dubé syndrome. *Familial Cancer* (2013) 12(3): 387-396.
- Misago N, Kimura T, Narisawa Y. Fibrofolliculoma/trichodiscoma and fibrous papule (perifollicular fibroma/angiofibroma): a reevaluation of the histopathological and immunohistochemical features. *J Cutan Pathol*. 2009;36(9):943–951.
- Toro JR, Glenn G, Duray P, et al. Birt-Hogg-Dubé syndrome: a novel marker of kidney neoplasia. *Arch Dermatol* 1999; 135:1195–1202
- Choyke PL, Glenn GM, Walther MM, Zbar B, Linehan WM. Hereditary renal cancers. *Radiology*, 2003; 226:33–46
- Jensen D.K., Villumsen A, Skytte AB et al. Birt-Hogg-Dubé syndrome: a case report and a review of the literature. *Eur Clin Respir J*. 2017 Feb 20;4(1):1292378
- Shengyu Hao, Fei Long, Fenglan Sun, Teng Liu, Daowei Li & Shujuan Jiang. Birt–Hogg–Dubé syndrome: a literature review and case study of a Chinese woman presenting a novel FLCN mutation. 2017. *BMC Pulmonary Medicine*.
- Schmidt LS, Nickerson ML, Warren MB, Glenn GM, Toro JR, Merino MJ, Turner ML, Choyke PL, Sharma N, Peterson J, et al. Germline BHD-mutation spectrum and phenotype analysis of a large cohort of families with Birt-Hogg-Dube syndrome. *Am J Hum Genet*. 2005;76(6):1023–33.
- Kunogi M, Kurihara M, Ikegami TS, Kobayashi T, Shindo N, Kumasaka T, Gunji Y, Kikkawa M, Iwakami S, Hino O, et al. Clinical and genetic spectrum of Birt-Hogg-Dube syndrome patients in whom pneumothorax and/or multiple lung cysts are the presenting feature. *J Med Genet*. 2010;47(4):281–7.
- Murakami Y, Wataya-Kaneda M, Tanaka M, Takahashi A, Tsujimura A, Inoue K, Nonomura N, Katayama I. Two Japanese cases of birt-hogg-dube syndrome with pulmonary cysts, fibrofolliculomas, and renal cell carcinomas. *Case Rep Dermatol*. 2014;6(1):20–8.
- Vernooij M, Claessens T, Luijten M, van Steensel MA, Coull BJ. Birt-Hogg-Dube syndrome and the skin. *Fam Cancer*. 2013;12(3):381–5.
- Gunji, Y., Akioishi. T., Sato. T. et al. Mutations of the Birt Hogg Dube gene in patients with multiple lung cysts and recurrent pneumothorax. *Journal of Medical Genetics*, 2007, 44 (9), 588-593.