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Title: Pulmonary alveolar microlithiasis

Running Title: Pulmonary alveolar microlithiasis

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A 65-year-old male visited our clinic with the complaint of progressive shortness of breath on exertion for the last 4 years and dry mouth. He had no known pulmonary disease and was 20 pack year smoker. Physical exam was normal except for bilateral wheeze and coarse crackles on auscultation. Laboratory results were normal and pulmonary function test showed moderate restrictive lung disease. Chest X-ray showed diffuse alveolar nodular pattern (sand-storm) (Figure 1) and on chest computed tomography there was diffuse bilateral calcification with septal thickening and black pleural sign indicative of pulmonary alveolar microlithiasis (PAM) (Figure 2).

PAM is a rare hereditary diffuse lung disease characterized by widespread sand-like intra-alveolar calcifications. Its etiology is unknown, but has autosomal recessive pattern. Dry cough, shortness of breath and nonspecific chest pain are common symptoms, but the patients could remain asymptomatic for years. The only definite treatment for PAM is lung transplantation (1,2).

Informed Consent: Written consent was taken from the patient

Conflict of Interest: The author have no conflict of interest to declare.

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Figure legends:

Figure 1. Chest X-ray showed diffuse alveolar nodular pattern (sand-storm).

Figure 2. Chest computed tomography showed diffuse bilateral calcification with septal thickening and black pleural sign (red arrow) indicative of pulmonary alveolar microlithiasis (PAM).

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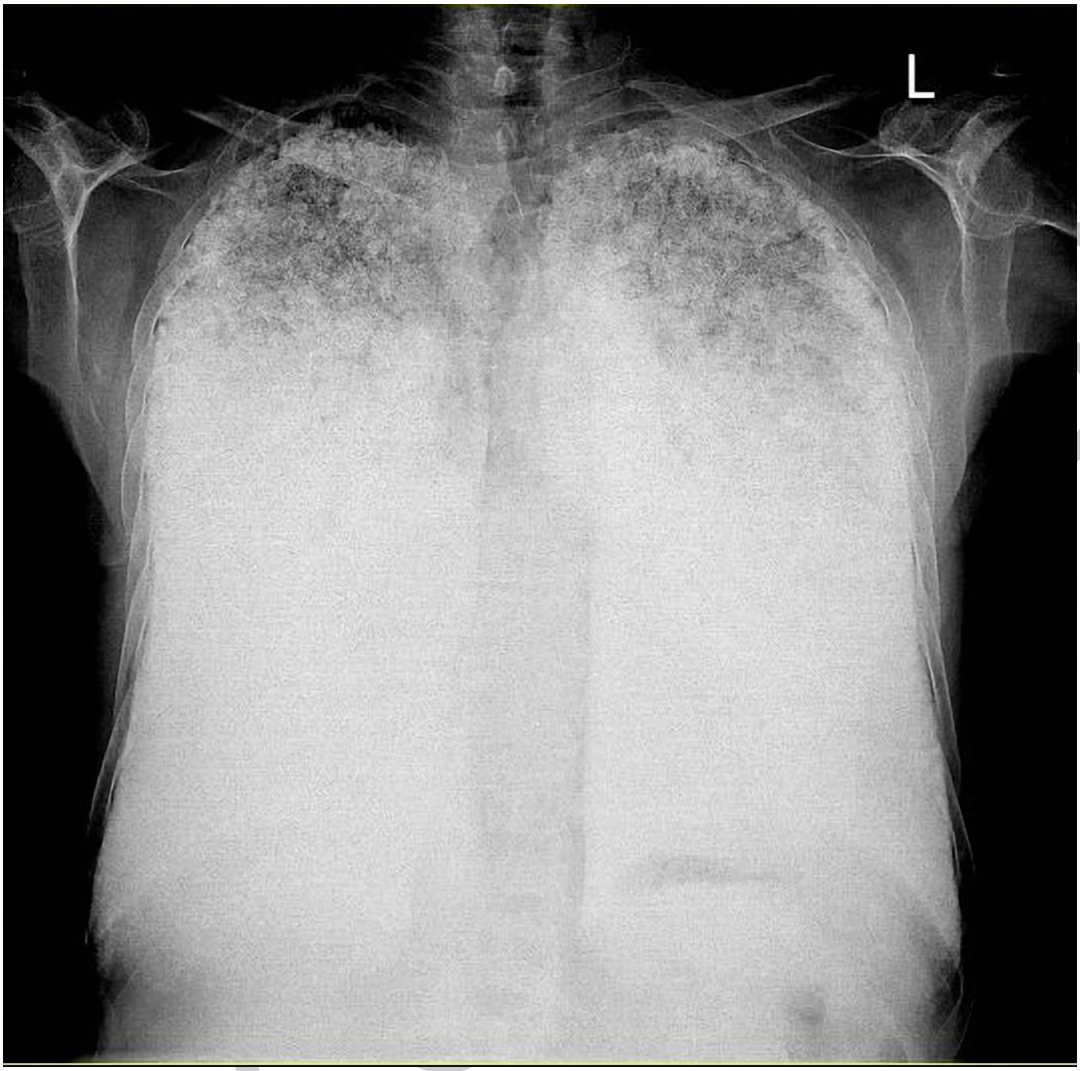

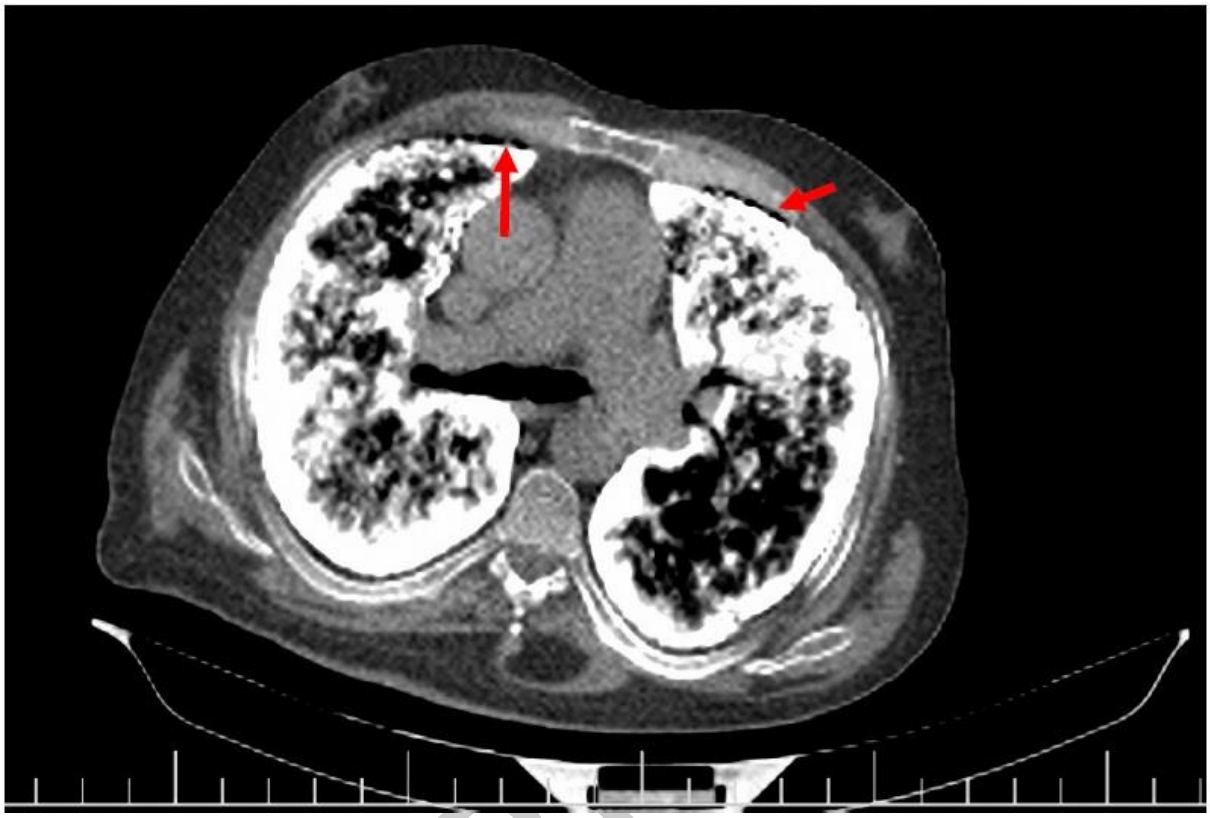

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