

## Indolent Tuberosus Sclerosis

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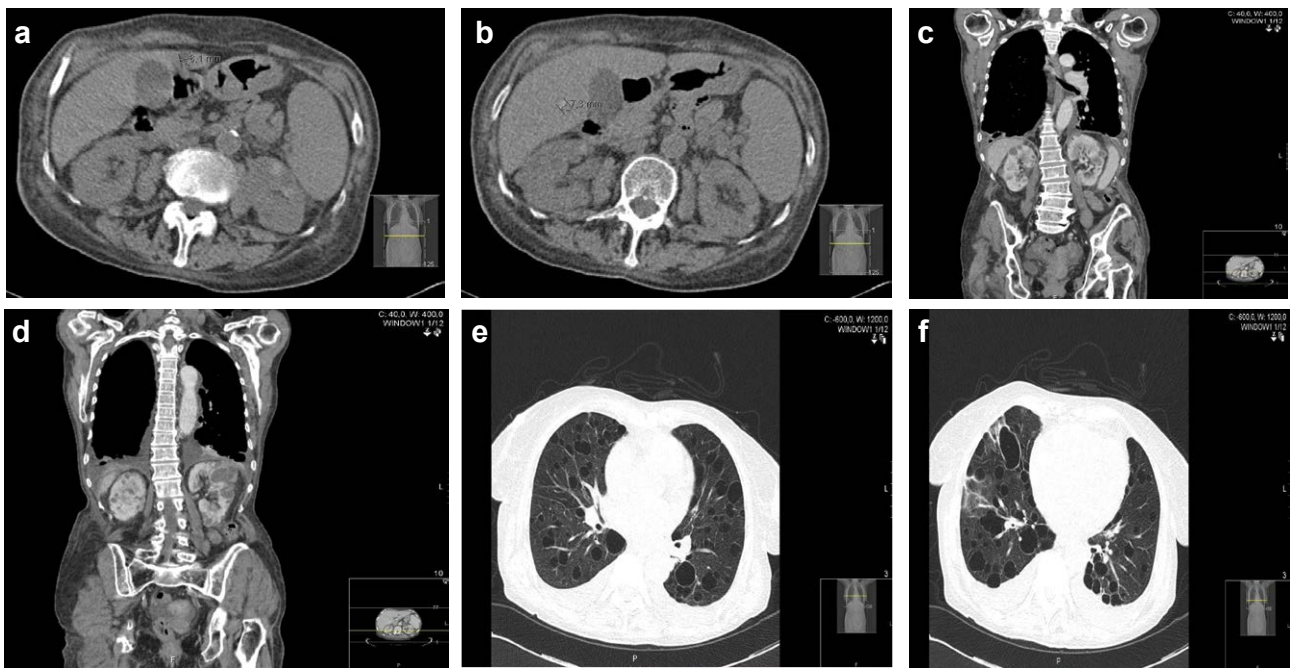
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**Figure 1** a) ETF1; b) ETF2; c) ETR1; d) ETR2; e) ETR1; f) ETR2.

## Clinical Image

Computed Tomography (CT) images of an eighty years' woman, with a long-standing diagnosis of asthma, admitted in hospital for Community Acquired Pneumonia with Hypoxemic Respiratory Insufficiency, without clinical improvement after antibiotic therapy and optimization of bronchodilation therapeutics. In the lung images, we can observe multiple cystic formations, of

different sizes and thin wall, spread along all lung suggesting lymphangioleiomyomatosis. Abdominal CT shows hepatic cysts and multiple renal cystic formations. The association of pulmonary lymphangioleiomyomatosis and renal cysts favours the diagnosis of indolent tuberous sclerosis. The various phenotypes of the disease include forms of light disease, with normal survival rates (**Figure 1**).