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Published online before print April 2, 2014, doi: 10.1177/0218492314528184Asian Cardiovascular and Thoracic Annals **April 2, 2014** 0218492314528184A [more recent](#) version of this article was published on [02-12-2015]**Glomus tumor of the trachea****Seyyed Hossein Fattahi Masoum¹****Amir Hossein Jafarian²****Ali Reza Sharifian Attar³****Davood Attaran⁴****Reza Afghani⁵****Azadeh Jabbari Noghabi⁶**¹Endoscopic & Minimally Invasive Surgery Research Center, Ghaem Hospital, Mashhad, Iran²Department of Pathology, Ghaem Hospital, Mashhad, Iran³Department of Anesthesiology, Ghaem Hospital, Mashhad, Iran⁴COPD Research Center, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran⁵Cardiothoracic Surgery & Transplant Research Center, Emam Reza Hospital, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran⁶Department of General Surgery, Emam Reza Hospital, Mashhad University of Medical Sciences, Mashhad, IranReza Afghani, Thoracic Surgery, Cardiothoracic Surgery & Transplant Research Center, Emam Reza Hospital, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran. Email: CTSTRC@mums.ac.ir**Abstract**

Glomus tumors of the trachea are rare and benign, but most become symptomatic, so they need intervention. A 21-year-old man was evaluated due to cough and hemoptysis. Computed tomography and bronchoscopy showed a polypoid mass above the carina. The tumor was removed completely by rigid bronchoscopy. The pathologic diagnosis was glomus tumor. After one year, because of recurrence of the tumor at the

same site, the patient underwent reoperation, and resection and anastomosis of trachea through a right posterolateral thoracotomy was performed.

[Endoscopy](#) [glomus tumor](#) [tracheal neoplasms](#)
