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**Publish Year:** 2012

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Nov 07, 2017 · Introduction. **Pulmonary alveolar microlithiasis (PAM)** is a hereditary lung disease in which calcium phosphate microliths, termed calcospherites, accumulate in the **alveolar spaces** (). Mutations in the solute carrier family 34 member 2 (SLC34A2) gene, which encodes the type IIb sodium-phosphate cotransporter in **alveolar** type II cells, are responsible for the pathogenesis of ...

**Author:** Xu-Dong Zhang, Jin-Ming Gao, Jin-M...

**Publish Year:** 2017

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**Name of Journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 50367

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Ren XY *et al.* PAM transplantation

Xing-Yu Ren, Xiang-Ming Fang, Jing-Yu Chen, Hao Ding, Yan Wang, Qiu Lu,  
Jia-Lei Ming, Li-Juan Zhou, Hong-Wei Chen

**Abstract**

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Lung transplantation for pulmonary alveolar microlithiasis: a case report . ... We report a successful case of bilateral sequential lung transplantation in a patient with PAM. ... El-Dakhakny M, Al-Ibrahim K, Mansour MS. Single Lung Transplantation for Alveolar Micro-Lithiasis: The First Clinical Report. Saudi J Kidney Dis Transplant 1996;7:189-93.

Published in: Clinics - 2010

Authors: Marcos Naoyuki Samano · Daniel Reis Waisberg · Mauro Canzian · Silvia Vidal Campos

Affiliation: University of Sao Paulo

About: Lung transplantation

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### Pulmonary alveolar microlithiasis: two case reports and

## Pulmonary alveolar microlithiasis

Rare Inherited Disorder

Pulmonary alveolar microlithiasis is a rare, inherited disorder of lung phosphate balance that is associated with small stone formation in the airspaces of the lung. Mutations in the gene SLC34A2 result in loss of a key sodium, phosphate co-transporter, known to be expressed in distal alveolar type II cells, as well as in the mammary gland, and to a lesser extent in intestine, kidney, skin, prostate and testes. As the disease progresses, the lung fields become progressively more dense on the chest xray, and low oxygen level, lung inflammation and fibrosis, elevated pressures in the lung blood vessels, and respiratory failure ensue, usually in middle age. The clinical course of PAM can be highly variable, with some patients remaining asymptomatic for decades, and others progressing more rapidly. There is no effective treatment, and the mechanisms of stone formation, inflammation and scarring are not known.

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