A 78-year-old Nepali female nonsmoker was referred to the pulmonary clinic for evaluation of an incidental 1.1-cm left upper-lobe lung nodule. A positron emission tomography (PET) scan of the chest showed normal metabolic activity in the left upper lobe but revealed fluorodeoxyglucose-avid bilateral hilar and mediastinal lymph nodes, concerning for malignancy (Figure 1). Subsequently, endobronchial ultrasound-guided transbronchial needle aspiration of the paratracheal lymph nodes revealed abundant anthracitic pigment on microscopic examination, consistent with the diagnosis of nodal anthracosis (Figure 2). Later, it was discovered that this patient had significant exposure to biomass fuels used for cooking in Nepal.

Anthracosis is an occupational and environment-related lung disease that includes carbon deposition and black pigmentation of the airways and can potentially result in bronchial destruction and obstructive airway disease.1 The mean age of patients diagnosed with anthracosis is 63 years.2 The exact prevalence of this disease is difficult to estimate because many people with anthracosis are asymptomatic.1,2 Hence, many cases of anthracosis are discovered incidentally during bronchoscopy for other reasons (Supplemental Figure; available online at http://www.mayoclinicproceedings.org).

Patients with anthracosis may develop both physical and radiologic abnormalities of chronic obstructive or fibrotic lung disease due to chronic exposure to smoke and particulates and most often present with dyspnea and cough, as with this patient.3,4 However, nodal anthracosis with PET-positive mediastinal and hilar lymphadenopathies is considered a rare presentation of this clinical entity that mimics infectious conditions, granulomatous diseases, and
Thus, accurate lymph-node sampling is necessary to establish a diagnosis of nodal anthracosis.

ACKNOWLEDGMENTS
We thank Angela Powell, MD, Department of Pathology, Cleveland Clinic Akron General, for her assistance with the pathology part of the manuscript.

SUPPLEMENTAL ONLINE MATERIAL
Supplemental material can be found online at http://www.mayoclinicproceedings.org. Supplemental material attached to articles has not been edited, and the authors take responsibility for the accuracy of all data.

Potential Competing Interests: The authors report no competing interests.

Correspondence: Address to Jafar Alzubi, MD, Department of Internal Medicine, Cleveland Clinic Akron General, 1 Akron General Ave, Akron, OH 44307 (Alzubij@ccf.org).

ORCID
Jafar Alzubi: https://orcid.org/0000-0002-4212-4621