A 39 year old man was evaluated for recurrent streaky hemoptysis. He had a smoking history of 20 pack years but had given up five months back. He had undergone nasal surgery twice in the past for rhinosporidiosis. Clinical examination, blood investigations, Chest X Ray and CT Thorax were all normal. Flexible bronchoscopy revealed multiple irregular papillomatous structures in the posterior tracheal wall, extending on to the left main bronchus (Fig 1). Histopathology of bronchoscopic punch biopsy was consistent with rhinosporidiosis of the trachea. Rhinosporidiosis is an infection of mucocutaneous tissue caused by *Rhinosporidium seeberi*, a fungus endemic in India and Sri Lanka. It is a chronic granulomatous disease characterized by the presence of large polypoidal lesions that are hyperplastic, highly friable and sessile or pedunculated. Excision by diathermy or laser is considered to be the treatment of choice. However, recurrence is extremely common.