

A 3-year-old Girl with Recurrent Respiratory Tract Infections

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SECTION 1 – QUIZ

Case

A 3-year-old girl was referred to radiology clinic with complaints of cough, fever (38, 5°C), sputum production, and respiratory distress. It was learned that the patient was previously followed up in the hospital due to recurrent respiratory tract infections. Physical examination of the patient

revealed a decrease in respiratory sounds in the lower parts of the left lung during auscultation. Significant laboratory tests result: White blood cell count 16,350/μL, C-reactive protein 9, 8 mg/L. Ultrasonography (US) and a computed tomography (CT) was performed. On US a hyperechogenic,

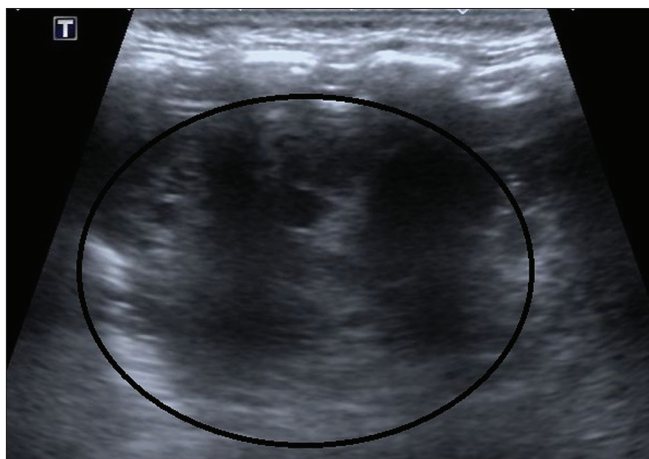


Figure 1: Axial sonography showing a cystic heterogen-hyperechogenic mass in the left lower lobe (inside circle)

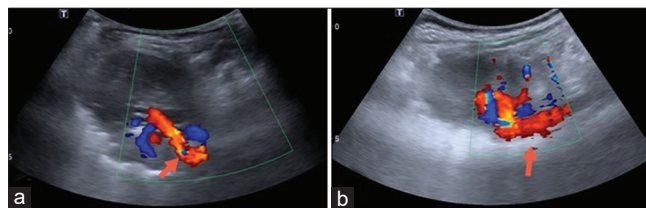


Figure 2: (a) Axial and (b) longitudinal color Doppler ultrasonography images showing blood supply of the lesion originating from the thoracic aorta

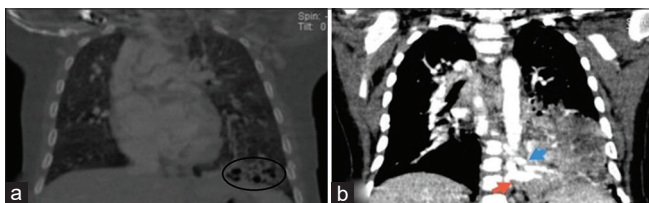


Figure 3: Coronal computed tomography image lung window (a) and soft-tissue window (b), There is a cystic mass in the left lower lobe (inside the circle), inside the lesion branches of thoracic aorta (red arrow) and pulmonary vein (blue arrow)

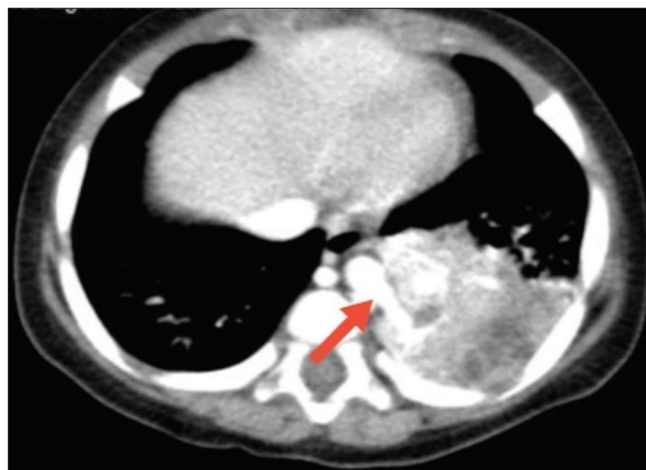


Figure 4: Axial computed tomography image, a cystic mass in the left lower lobe and a branch of the thoracic aorta (red arrow) extending into the lesion

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well-circumscribed mass, with cystic areas was detected in the basal part of the left lung [Figure 1]. On color Doppler US a branch extending from the thoracic aorta to the lesion was seen [Figure 2]. On CT images, branches of the thoracic aorta and the pulmonary vein extending toward the lesion were detected [Figures 3 and 4].

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the legal guardian has given

his consent for images and other clinical information to be reported in the journal. The guardian understands that names and initials will not be published and due efforts will be made to conceal patient identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

There are no conflicts of interest.