CLINICAL IMAGE



The role of multidetector CT angiography and 3D postprocessing imaging in the diagnosis and investigation of bronchopulmonary sequestration

Eleftherios Spartalis¹, Michael Spartalis¹ (1), Demetrios Moris², Antonios Athanasiou³, Theodore Troupis⁴ & Periklis Tomos⁵

¹Laboratory of Experimental Surgery and Surgical Research, University of Athens Medical School, Athens, Greece

²Department of Surgery, The Ohio State University Comprehensive Cancer Center, The Ohio State University, Columbus, Ohio, USA ³Department of Surgery, Mercy University Hospital, Cork, Ireland

Key Clinical Message

⁴Faculty of Medicine, Department of Anatomy, National and Kapodistrian University of Athens, Athens, Greece

diagnosis.

Keywords

⁵Department of Thoracic Surgery, "Attikon" Hospital, Athens Medical School, Athens, Greece

Correspondence

Eleftherios Spartalis, Vasilissis Sofias 49, Athens 106 76, Greece. Tel: +30 6974714078; Fax: +30 2106416015; E-mail: eleftherios.spartalis@gmail.com

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Case Presentation

A 68-year-old male patient presented to our department complaining of eight-month-lasting dry cough. Physical examination showed nothing of significance. Chest X-ray demonstrated lobar atelectasis of the left lung. Chest CT scan confirmed the initial diagnosis, and per os antimicrobial medication was prescribed.

After 8 months, and due to persistent symptoms, a new CT scan was performed, which showed no changes of the lesion in the left paravertebral space. The patient underwent bronchoscopy which identified an ectopic port of the left main bronchus (Fig. 1A). Maximum intensity projection CT and three-dimensional postprocessing reconstruction that followed showed ectopic perfusion from the aorta (Fig. 1B and C). The patient underwent resection of the lesion via left posterolateral thoracotomy (Fig. 1D). The histological examination verified the presence of a sequestration, a rare type of bronchopulmonary foregut malformation.

Congenital bronchopulmonary malformations are usually asymptomatic. Precise

multimodality imaging plays an essential role in the identification of rare

cardiothoracic entities, offering excellent imaging quality and the decisive

Authorship

Bronchopulmonary sequestration, computed tomography.

Eleftherios Spartalis: involved in conception and design of the research and writing of the manuscript. Eleftherios Spartalis and Michael Spartalis: involved in acquisition of data. Eleftherios Spartalis, Michael Spartalis, Demetrios Moris and Antonios Athanasiou: analyzed and interpreted the data. Theodore Troupis and Periklis Tomos: performed critical revision of the manuscript for intellectual content.

Conflict of Interest

The authors report no financial relationships or conflict of interests regarding the content herein.

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Figure 1. (A) Bronchoscopy reveals an ectopic port of the left main bronchus. (B) Chest computed tomography image shows ectopic perfusion of the lesion from the aorta. (C) Three-dimensional maximum intensity projection computed tomography image shows ectopic perfusion of the lesion from the aorta. (D) The lesion during left posterolateral thoracotomy.