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Clinical-Medical Image

Pulmonary Sequestration: The Feeding Vessel

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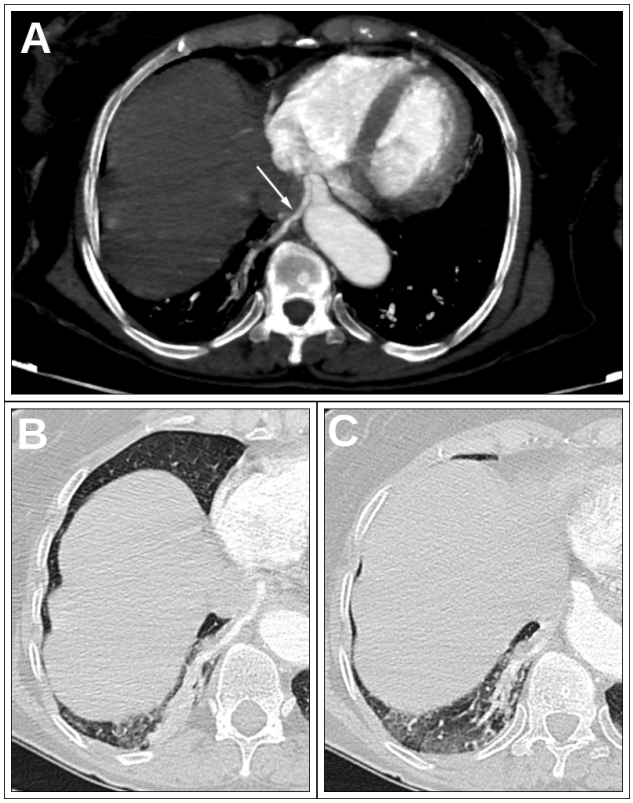

Figure 1: Axial slices from a thoracic CT-Aortogram (CTA) showing a thoracic aortic branch (Arrow in panel A) heading to a right mediobasal lung consolidation (panels B and C).

Clinical Image

Axial slices from a thoracic CT-Aortogram (CTA) showing a thoracic aortic branch (Arrow in panel A) heading to a right mediobasal lung consolidation (panels B and C), raising the diagnosis of pulmonary sequestration (PS). PS remains a rare congenital malformation where a non-functioning lung tissue develops showing no communication with the tracheobronchial tree. PS can be either intra- or extralobar whether it is limited or not by a pleural layer. Clinically, PS can cause dyspnea, haemoptysis; or leads to recurrent pneumonias in a constant pulmonary location (Figure 1).

CTA is accurate in the assessement of PS. It variably demontrates a consolidation/mass, a hyperlucency, cystic lesions or a focal bronchiectasis. However, it is the finding of a systemic feeding artery (-ies), originating from either the aorta or its branches, that raises the diagnosis. Thus, the patient can candidate to an endovascular management with coil embolization, which is an effective alternative to surgical resection.

Keywords: CT-Aortogram; Pulmonary sequestration

Declaration of Interests

The authors declare that they have no competing interests.

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