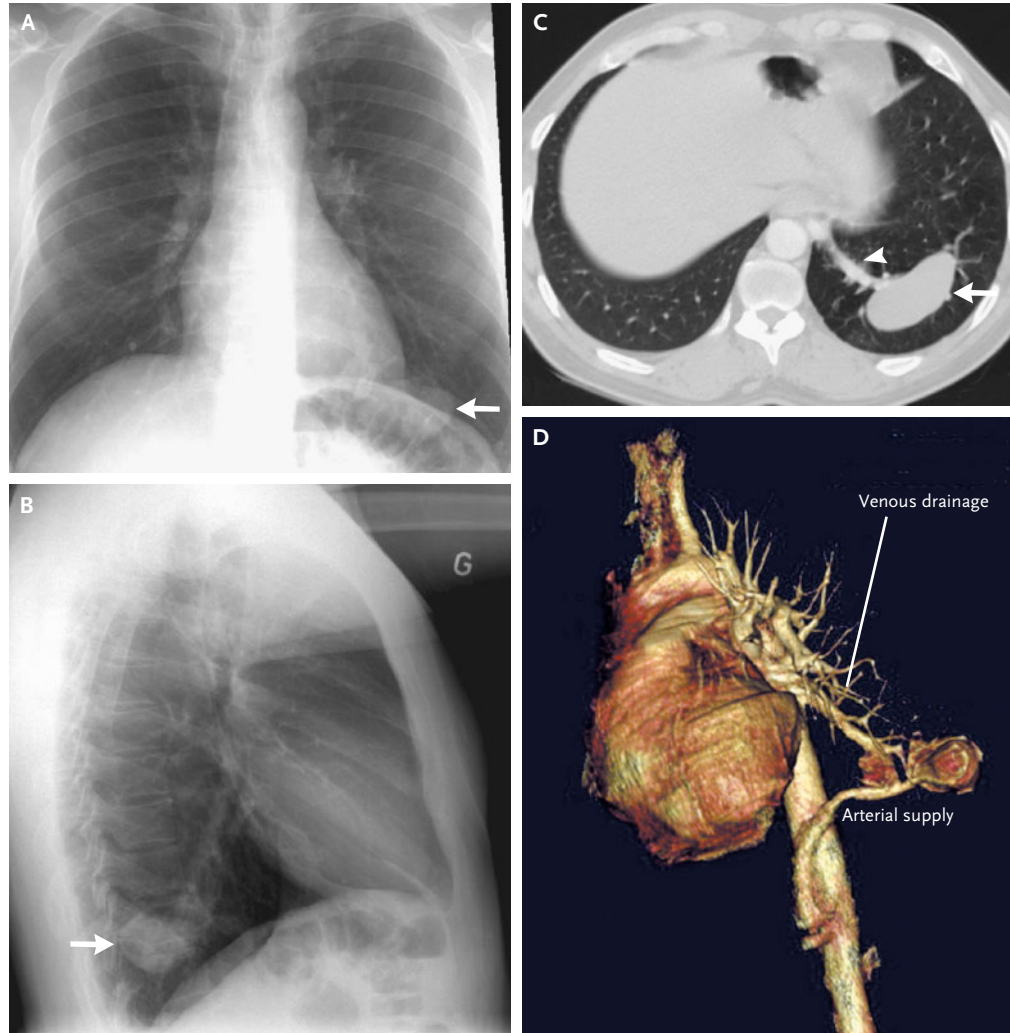


IMAGES IN CLINICAL MEDICINE

Pulmonary Sequestration



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A HEALTHY 48-YEAR-OLD MAN WITHOUT PRIOR PULMONARY SYMPTOMS underwent routine chest radiography for minor thoracic pain. The frontal and lateral images (Panels A and B) showed a well-defined, lobulated mass (arrows) in the left lower lobe of the lung. A subsequent contrast-enhanced multislice computed tomographic (CT) scan (Panel C) showed the homogeneous mass (arrow), with an adjacent large feeding vessel (arrowhead). Three-dimensional reconstruction (Panel D) showed the arterial supply of this lesion, with an aberrant origin in the celiac trunk, and normal venous drainage through the pulmonary veins. These findings are diagnostic of intralobar pulmonary sequestration, which is characterized by anomalous pulmonary tissue that is typically localized in the left lower lobe and supplied by the systemic circulation. The CT volume-rendering reconstruction is particularly useful in demonstrating the arterial and venous pattern of the malformation, obviating the need for an invasive imaging technique.

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