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Source / Izvornik: **Chest, 2017, 151, 78A - 78A**

Journal article, Published version

Rad u časopisu, Objavljena verzija rada (izdavačev PDF)

<https://doi.org/10.1016/j.chest.2017.04.083>

Permanent link / Trajna poveznica: <https://urn.nsk.hr/urn:nbn:hr:220:453744>

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Download date / Datum preuzimanja: **2024-12-09**



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Poster Walks

Poster Walk 4: Interventional pneumology/Thoracic surgery

P180

Bronchopulmonary sequestration in adults - a Croatian single institution experience.

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Introduction: Pulmonary sequestration (PS) is a congenital lung defect rarely diagnosed in adults. PS is often misdiagnosed or not recognized early, delaying surgical management. The aim of this case series analysis was to determine the characteristics of all PS patients with surgical resections occurring over an 8-year period in a single tertiary centre.

Methods: A retrospective chart review of the surgical records for all adult patients evaluated and subsequently operated due to PS from 2009 through 2016 at the University Clinic for Thoracic Surgery "Jordanovac", University Hospital Centre Zagreb, was conducted.

Results: Five patients (three males and two females) underwent surgical correction for PS at 16.5 to 68.9 years old (median age 58.0 years; mean age 50.4 ± 20.6 years). All patients (n=4) were symptomatic preoperatively; data was missing for one patient. In the majority of patients (n=4, 80%), PS was suspected or diagnosed by radiological imaging (i.e. multi-slice computed tomography angiography [CTA]) prior to surgery, while intraoperative confirmation was made in one patient (20%). The mean time period from CTA diagnosis to surgery was 36.7 ± 16.8 days (range 21-58 days). The predominant type of PS was intralobar in four patients; one patient had extralobar PS. The main localization of the sequestered segment (n=3, 60%) was the right lower lobe (LL) versus the left LL (n=2, 40%). In all cases (n=5), thoracotomy with lobectomy was performed. The systemic arterial supply to the PS was the celiac trunk artery in one patient (n=1, 20%) and the thoracic aorta in the rest (n=4, 80%). Post-operative complications occurred in three patients (60%) and included atrial fibrillation, acute respiratory insufficiency with retention of bronchial secretions, and surgical wound infection with right-sided empyema of the pleura, respectively.

Conclusions: PS is very rare in adults 50 years and older, with intralobar sequestration predominating. Clinical suspicion of PS should be raised in patients presenting with histories of recurrent respiratory symptoms, particularly in the context of radiological confirmation of persistent lower lobe consolidation. CTA is the imaging modality of choice to aid diagnosis of PS and delineate the anomalous vasculature for preoperative planning. Surgery is curative, but close post-operative follow-up is recommended as surgery-related complications may occur.

DOI: <http://dx.doi.org/10.1016/j.chest.2017.04.083>

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