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## Cardiothoracic Surgery

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### 63-Year-Old Male Opts to Delay Surgical Resection of Intralobar Pulmonary Sequestration: A Case Report

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**INTRODUCTION:** Intralobar pulmonary sequestration (IPS) is an exceptional finding in adults over the age of 50.<sup>1</sup> The hallmark of lung sequestration is a systemic arterial blood supply to dysplastic and functionless parenchymal lung tissue which is susceptible to chronic infection.<sup>2</sup> Recognition of IPS is frequently delayed or even missed due to respiratory symptoms mimicking common diseases such as periodic pulmonary infections. The aim of this report is to raise awareness of IPS, as well as its surgical treatment in older adults, who may initially choose the watch-and-wait approach despite being symptomatic.

**CASE PRESENTATION:** A 63-year-old Caucasian male, with a life-long history of intermittent episodes of recurrent cough, fever, hemoptysis and radiographic evidence of right lower lobe (RLL) consolidation, was hospitalized in the Clinic for Respiratory Diseases "Jordanovac" in April 2010. Computed tomography angiography (CTA) revealed IPS in the posterior basal segment of the RLL with accompanying bronchiectasis. Surgery was initially recommended, but the patient opted for conservative treatment (i.e., postural drainage for productive cough). The next four years were unremarkable until May 2014. He thereafter sought medical care on several occasions due to recurrent hemoptysis and right-sided pneumonia with ipsilateral pleural effusion (PE). In October 2015, repeat CTA depicted arterial blood supply to the RLL originating from the celiac trunk, with venous drainage from the lesion into the right lower pulmonary vein. The patient, then 69 years old, agreed to surgery and underwent RLL lobectomy via thoracotomy in November 2015. Histopathological examination of the resected lung tissue confirmed the diagnosis of bronchopulmonary sequestration.

**DISCUSSION:** Post-operative course was complicated by surgical wound infection, as well as fever and empyema of the right pleura for which he was readmitted twice and treated successfully by pleural catheter drainage and empiric antibiotic therapy. No microbiological causative agent was found.

**CONCLUSIONS:** This case illustrates that repeated pneumonias, cough, and hemoptysis should raise clinical suspicion of IPS, even in older patients, particularly in the context of persistent LL consolidation in medial or posterior basal segments.<sup>1</sup> CTA is recommended to establish diagnosis of IPS and help delineate the aberrant vasculature to avoid major bleeding during the operation. Conservative management versus surgery may be considered depending on the patient's age, comorbidities, and symptomatology.<sup>2</sup> Close post-operative follow-up is imperative given that surgery-related complications are probable.

**Reference #1:** Montjoy C, Hadique S, Graeber G, Ghamande S. Intralobar bronchopulmonary sequestra in adults over age 50; case series and review. *W V Med J.* 2012 Sep-Oct;108(5):8-13.

**Reference #2:** Naffaa L, Tank J, Ali S, Ong C. Bronchopulmonary sequestration in a 60 year old man. *J Radiol Case Rep.* 2014 Oct 31;8(10):32-9. doi: 10.3941/jrc8i10r.v.2235.

**DISCLOSURE:** The following authors have nothing to disclose: Katherina Sreter, Dinko Stancic-Rokotov, Ivica Mazuranic, Ladislav Pavlovic, Zeljko Djakovic, Miroslav Samarzija

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