Clinical Information

37 year old male with recurrent pulmonary infections
Pumonary Sequestration

- Definition:

“Segment of non functioning lung parenchyma not connected to the tracheobronchial tree and receives its blood supply from the arterial circulation”

Pryce DM. J Pathol 1946; 58:457–467
Frequency

• 6% of all congenital pulmonary malformations;
• Occurs in the posterior basal segment of the LLL in 2/3 of patients;
• RLL in the remaining 1/3;
• May also be found in the mediastinum, pericardium, and within or below the diaphragm.
Types...

- **Extralobar**: The abnormal lung segment is enclosed in its own pleura; males are affected approximately 4 times more often than females.
- **Intralobar**: The abnormal pulmonary tissue lies within the lungs normal visceral pleura. Can be associated with other congenital abnormalities (GI, CVS); Incidence is equal in males and females.
Intralobular Sequestration

- Asymptomatic;
- Can present as recurrent pulmonary infections and/or hemoptysis;
Computer tomography

- Solid mass or a cyst containing air/ fluid; surrounded by emphysematous lung parechyma;
- Hypervascularity in the lung segment is occasionally seen;
MRI

- May appear hyperintense in the T1 weighted and T2 weighted images (sec. to mucus impaction in airway)
Diagnosis

• Depends on the demonstration of systemic arterial supply to the abnormal segment
Complications

- Chronic infections;
- Hemorrhage from arteriovenous anastomoses
Treatment

- Surgical:
  - Recurrent infections
  - Compression symptoms

- Watch and wait...
  - Asymptomatic patients