



Interesting Image / İlginç Görüntü

A very rare cause of recurrent hemoptysis in a young male patient: Pseudosequestration

Genç erkek hastada çok nadir bir tekrarlayıcı hemoptizi nedeni: Pseudosekestrasyon

Tevfik İlker Akçam, Ayşe Gül Ergönül, Kutsal Turhan

Department of Thoracic Surgery, Ege University Faculty of Medicine, İzmir, Turkey

Pseudosequestration is a very rare congenital anomaly of the lung, characterized by anomalous systemic arterial supply extending from aorta and no pathology in the lung parenchyma.^[1,2] Conversely, pulmonary sequestration is defined as a mass of abnormal pulmonary tissue that does not communicate with the tracheobronchial tree that is supplied by an anomalous systemic artery.^[1] In this study, we present

an image of pseudosequestration originating from the large-scale systemic artery causing telangiectatic lobe. A 24-year-old male patient had five hemoptysis attacks in the past two months. An anomalous artery originating from aorta and anomalous supply to the left lower lobe with increased abnormal vascularity in the lung were observed in thorax computed tomography (Figure 1a). The patient's operation was decided. The anomalous artery originating from aorta (Figure 1b) and telangiectatic findings that were thought to be due to excessive vascularization in the lung were seen perioperatively (Figure 1c). Abnormal artery was cut and left lower lobectomy was performed. Patient was discharged on postoperative third day. Pseudosequestration should be kept in mind as a possible cause of hemoptysis.^[2,3] Surgery is indicated for all patients with this anomaly.^[4]

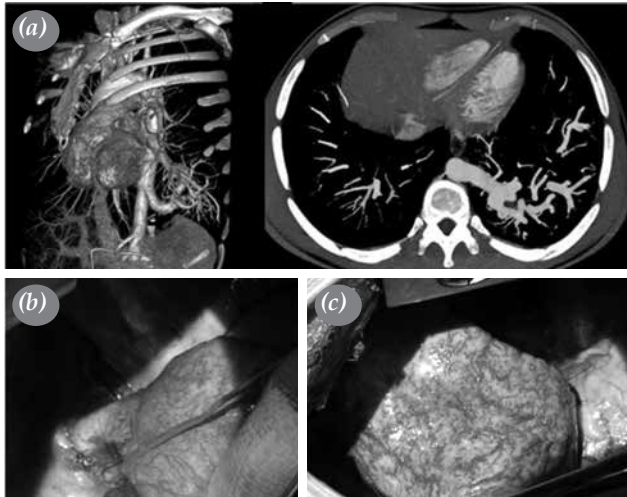


Figure 1. (a) Computed tomography angiographic and reconstructed images of pseudosequestration supplied by a large (2.5 cm in dimension) systemic artery originating from descending aorta and extending to left lower lobe. (b) Operative image of abnormal artery originating from descending aorta. (c) Image of telangiectatic left lower lobe. Tissue could easily be distinguished from normal.

Declaration of conflicting interests

The authors declared no conflicts of interest with respect to the authorship and/or publication of this article.

Funding

The authors received no financial support for the research and/or authorship of this article.

REFERENCES

- Özdil A, Akçam Tİ, Çağırıcı U, Savaş R. A Rare Congenital Pulmonary Anomaly of a Young Adult: Pseudosequestration. *Ann Thorac Surg* 2016;102:e163.
- Gonca C, Hamzayev E, Atasoy C, Enon S. Anomalous systemic arterial supply to normal basal segments of the left lung without sequestration. *Eur J Cardiothorac Surg*

Received: March 07, 2017 Accepted: May 16, 2017

Correspondence: Ayşe Gül Ergönül, MD. Ege Üniversitesi Tıp Fakültesi Göğüs Cerrahisi Anabilim Dalı, 35100 Bornova, İzmir, Turkey.
Tel: +90 232 - 390 43 34 e-mail: mdaysegulcevik@yahoo.com

Cite this article as:

Akçam Tİ, Ergönül AG, Turhan K. A very rare cause of recurrent hemoptysis in a young male patient: Pseudosequestration. *Turk Gogus Kalp Dama* 2018;26(1):161-162.

©2018 All right reserved by the Turkish Society of Cardiovascular Surgery.

- 2015;47:578.
3. Irodi A, Cherian R, Keshava SN, James P. Dual arterial supply to normal lung: within the sequestration spectrum. *Br J Radiol* 2010;83:e86-9.
 4. Iwasaki T, Minami K, Sato K, Takemoto T, Hirohata T, Hara S, et al. Anomalous systemic arterial supply to the basal segment needed to repeated operation after delivery. *Acta Med Kinki Univ* 2011;36:77-9.