

Extralobar Pulmonary Sequestration Communicating with the Upper Gastrointestinal System – Two case reports.

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Objectives: Pulmonary sequestration (PS) is a rare congenital malformation with non-functioning lung tissue separated from the normal bronchopulmonary tree and vascularized by an aberrant systemic artery rather than a branch from the pulmonary artery. Most patients present with signs of pneumonia, other respiratory symptoms or congestive heart failure due to right-to-left shunt through the sequestration mass. The aetiology of PS has been the subject of a debate and several theories have been put forward to explain their genesis. Most of them support a congenital origin where PS is thought to result from an abnormal accessory tracheobronchial bud evaginating from the foregut. However, others have suggested PS to be an acquired disease following pulmonary infection.

Case reports: Here we describe two Icelandic cases demonstrating a very rare form of extralobar pulmonary sequestration communicating with the gastrointestinal system. One was a newborn girl with duodenal atresia that had a direct bronchial communication with the upper gastrointestinal tract. The other patient was a previously healthy 18 year old boy with PS connected to an associated foregut cyst. Both patients underwent anatomical resections and are without symptoms today.

The two cases are described and imaging studies demonstrated.

Conclusion: PS can have a direct communication to the gastrointestinal system. This supports a congenital genesis of PS.