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

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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]

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REFERENCES