Pulmonary Sequestration Diagnosed by Three-dimensional Reconstruction Computed Tomography

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A 50-year-old man underwent chest radiography for an annual medical checkup, and was found to have a mass in the right lobe (Picture 1, arrow). A contrast-enhanced computed tomography (CT) showed a homogeneous mass (Pic-
ture 2, arrow). Three-dimensional (3-D) reconstruction showed the arterial supply from the left gastric artery (Picture 3A, arrow), and the venous drainage through the pulmonary vein (Picture 3B, arrowhead). These findings were diagnostic of intralobar pulmonary sequestration.

A right lower lobectomy confirmed the presence of the aberrant artery arising from the left gastric artery and entering the right lower lobe basal segment. Histological examination verified the intralobar pulmonary sequestration with no evidence of malignancy.

Conventionally, angiography has been the gold standard for the diagnosis of pulmonary sequestration; however, multiplanar CT and 3-D reconstruction are less invasive and have a better spatial resolution in depicting the vessel anatomes of the sequestered lung (1).

Reference