A 31-year-old man presented with recurrent chest pain. CT coronary arteriography (figure 1) demonstrated a well-defined area of hypertransradiancy at the left lung base supplied by a large artery arising from the thoracic aorta (figure 2) with no normal bronchial or pulmonary artery communication, but normal pulmonary venous drainage. The diagnosis is that of congenital bronchial atresia with a systemic artery supply (also termed intralobar sequestration).1

Congenital pulmonary abnormalities are being detected increasingly frequently as incidental findings during cross-sectional imaging performed for other reasons. Management is usually conservative unless complicated by infection or haemoptysis.
Congenital thoracic malformation

Charles Sharp, James Jackson and George Hands

*Thorax* published online June 8, 2013

Updated information and services can be found at:
http://thorax.bmj.com/content/early/2013/06/07/thoraxjnl-2013-203708

*These include:*

**References**

This article cites 1 articles, 1 of which you can access for free at:
http://thorax.bmj.com/content/early/2013/06/07/thoraxjnl-2013-203708#BIBL

**Email alerting service**

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Topic Collections**

Articles on similar topics can be found in the following collections

- Thorax Images in Thorax (149)
- Hemoptysis (80)
- Journalology (123)
- Radiology (diagnostics) (812)

**Notes**

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/