IMAGES IN THORAX

Congenital thoracic malformation

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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.

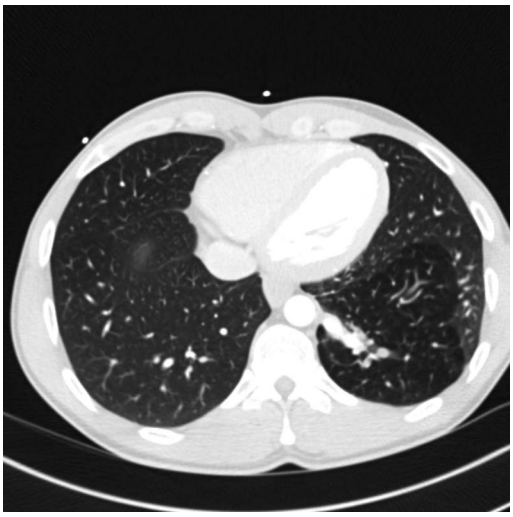

Figure 1 Axial CT section through the lung bases demonstrates a large well-defined area of hypertransradiancy at the left lung base.

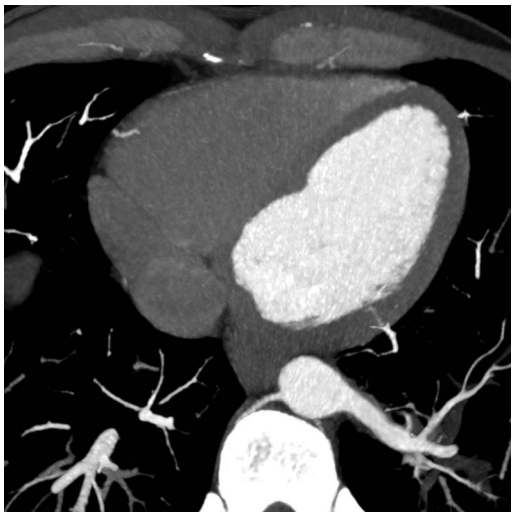

Figure 2 CT maximum intensity projection in the axial plane image during the aortic phase of contrast medium enhancement demonstrates the large supplying vessel arising from the descending thoracic aorta.

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1 Clements BS, Warner JO. Pulmonary sequestration and related congenital bronchopulmonary-vascular malformations: nomenclature and classification based on anatomical and embryological considerations. *Thorax* 1987;42:401–8.