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Clinical Image

Recurrent Pneumonia in A Ten-Year-Old Boy

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A ten-year-old boy was referred to the Clinic for further treatment after frequent bronchopneumonia in the last 4 years. Each time on the X-ray, basal right, the shadow on the lungs was verified. After antibiotic therapy, the control X-ray always showed incomplete regression of the shadow. The boy was born with esophageal atresia with tracheoesophageal fistula and was successfully operated on the eighth day of life. Post-operative dilatation of esophagus has been successfully performed twice. The boy was in a good general health condition, except he was often tired after the activity. With the auscultation of the lungs, basal right, crepitation could be heard. CT of the chest, in the area of the posterobasal segment of the right lower lung lobe, showed a cluster of cystic air forms with condensed pulmonary parenchyma (Figure 1). The described change corresponded to developmental lung anomaly - cystic adenomatoid lung malformation. Right thoracotomy and lobectomy of the right lower lung lobe were performed. By surgery, the boy had no recurrent bronchopneumonia. Approximately one-third of CPAMs are diagnosed after the neonatal period. These lesions typically are CPAM types 1, 2, or 4, and tend to be smaller than CPAMs that present with respiratory symptoms at birth. A common presentation in older children is recurrent pneumonia [1,2]. Other presenting complaints include cough, dyspnea, and/or cyanosis. Findings on physical examination include decreased breath sounds over the lesion, hyperresonance, and chest wall asymmetry with a bulge on the affected side.

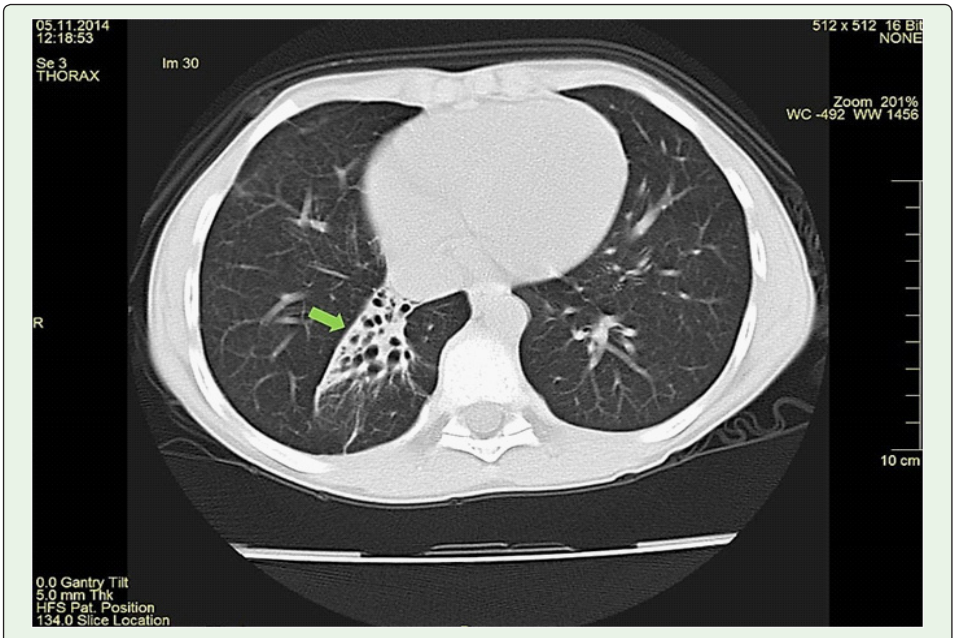

Figure 1: Cluster of cystic air forms with condensed pulmonary parenchyma (green arrow).

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