

## Picture Story

# Recurrent lower respiratory tract infection: Beware of bronchogenic cyst

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*Sri Lanka Journal of Child Health*, 2011; **40**(3): 140-141

(Key words: Recurrent lower respiratory tract infection, bronchogenic cyst)

DOI: <http://dx.doi.org/10.4038/sljch.v40i3.3517>

## Case report

A 2 year old boy presented with recurrent episodes of lower respiratory tract infection since one year of age. There was a history of fever, cough and nocturnal episodes of breathlessness. Koch's workup was negative. Routine investigations showed presence of infection. X-ray chest showed left sided loculated collapse with oesophageal deviation (Figure 1). CT scan of the chest showed bronchogenic cyst 5x3.9x2.7cm between carina and spine causing complete obstruction of left main bronchus (Figures 2-5). Right thoracotomy revealed large bronchogenic cyst sharing a common wall with the trachea (Figures 6-7). Cyst was completely excised (Figures 8-9). Tracheal rent was repaired. Post operative course was uneventful. No complications have occurred on short and long term followup.

Bronchogenic cysts usually present with mild symptoms like cough and large ones present with features of obstructive pneumonia and tracheo-oesophageal compression<sup>1</sup>. X ray chest with feeding tube in situ and CT scan of chest virtually diagnose the condition<sup>2</sup>. Complete excision, if possible, is curative<sup>3</sup>.

## References

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(Received on 28 October 2010: Accepted on 26 November 2010)

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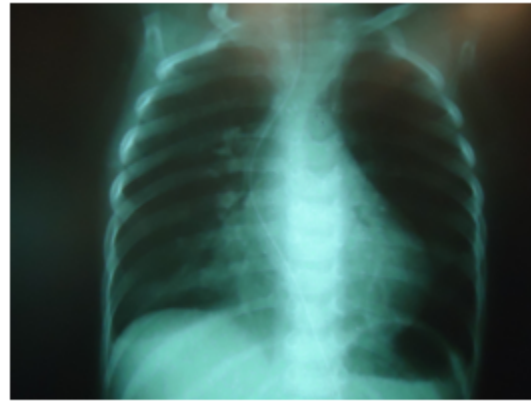


Figure 1: X-ray chest showing bronchogenic cyst

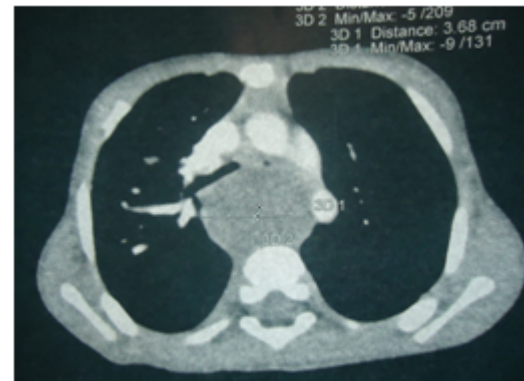


Figure 2: CT chest axial view showing oesophageal deviation

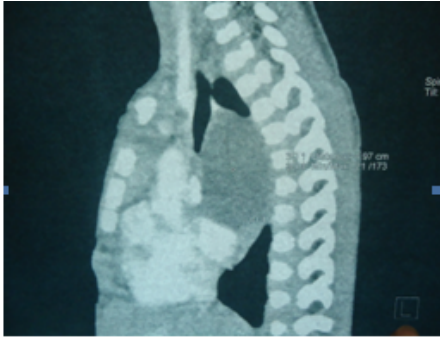


Figure 3: CT sagittal section showing cyst between carina and spine

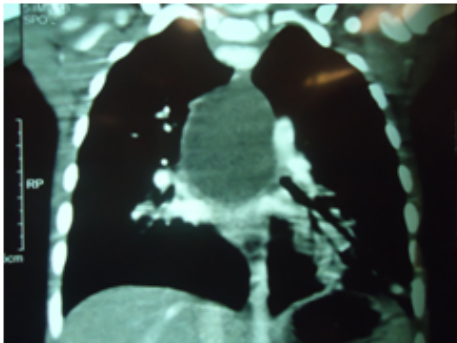


Figure 4: CT chest showing bronchogenic cyst

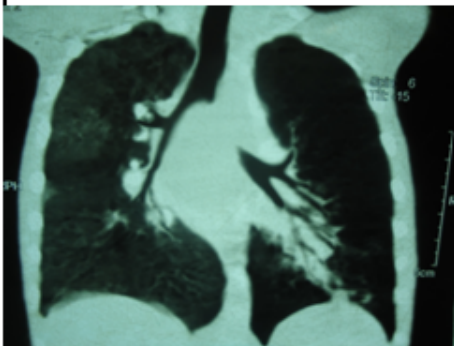


Figure 5: CT chest showing compressed left main bronchus



Figure 6: Right thoracotomy in progress

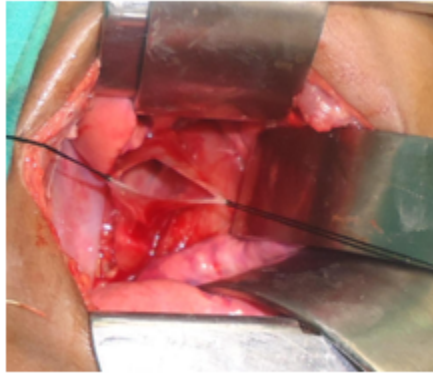


Figure 7: Cyst adherent to trachea

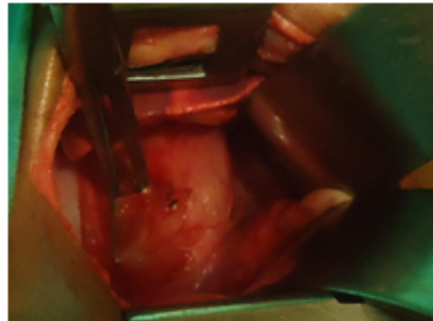


Figure 8: Cyst opened with dissection in progress

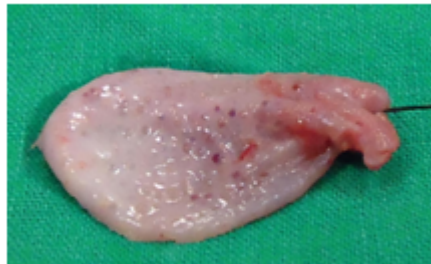


Figure 9: Excised cyst