but this analysis is not reflected in the paper by López Medrano et al.[1]

In other studies aimed at reducing these infections, the use of a high-pH diluent (like epoprostenol) and additional measures for venous catheter care have been shown to be effective.[4–6] The design of the Kitterman et al. study cannot discern between the superiority of one or another measure to reduce the number of bloodstream infections. Given that in Europe it is not possible to prepare treprostinil with a high-pH solvent, patients must be educated to avoid infections through simple but effective techniques such as strict compliance with proper hygiene, placement of the bacterial filter not in the perfusion line, the introduction of a closed connector (closed-hub system) and, above all, maintaining central venous catheter connections clean and dry at all times.

Finally, as for the conclusions of López Medrano et al.,[1] the decision to use one or another form of IV prostacyclin is based on the results of an observational, non-controlled study with a small sample population, with no reference to the changes in practice that may have taken place from the introduction of local standards for catheter care, as previously indicated. A more extensive, controlled study designed to this effect is necessary, as it has been suggested by Clinical Practice Guidelines with regards to recommendations and level of evidence.

Improved treatment management with parenteral prostacyclin is one of the current challenges that could have repercussions on the morbidity, mortality and general quality of life of patients with PAH.

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Miguel Angel Gómez Sánchez

Unidad de Insuficiencia Cardiaca, Trasplante e Hipertensión Pulmonar, Servicio de Cardiología, Hospital Universitario 12 de Octubre, Madrid, Spain

E-mail address: mgomezs.hdoc@salud.madrid.org

Pulmonary Sequestration☆

Secuestro pulmonar

Dear Editor,

A pulmonary sequestration is a lung tissue mass that is not connected with the central respiratory tract that receives its arterial blood supply from the systemic circulation.

We present the case of a 76-year-old woman, reporting with no personal history of interest, with an incidental finding of a left retrocardiac mass during a routine pre-operative workup. The study was extended to include computed tomography (CT) with intravenous contrast, which revealed a well-outlined soft tissue mass in the postero-inferior region of the left hemithorax (Fig. 1A) that was supplied with arterial blood from the descending thoracic aorta (Fig. 1B) and drained into the left hemiazygos vein (Fig. 1C and D).

Pulmonary sequestrations are divided into two types: intralobar and extralobar. Intralobular sequestrations are acquired lesions, possibly resulting from chronic bronchial obstruction or pneumonia. 98% occur in the lower lobes and they are characterized by not having their own pleura.[1] The arterial irrigation comes from an artery of the systemic circulation system, while the venous drainage is through the pulmonary circulation. The highest incidence of intralobular sequestration is found in young adults, and symptoms usually include repeated infections.

Extralobar sequestrations are congenital lesions that are mostly detected in children, although they may also be detected during the prenatal period using ultrasound.[2,3] 60% are located in the left hemithorax and they are characterized by having their own pleura. Arterial blood is supplied by the systemic circulation, while the venous return is what differs from intralobular sequestration as it is done through the general circulation. Extralobar sequestrations are usually asymptomatic, although they are frequently associated with other congenital

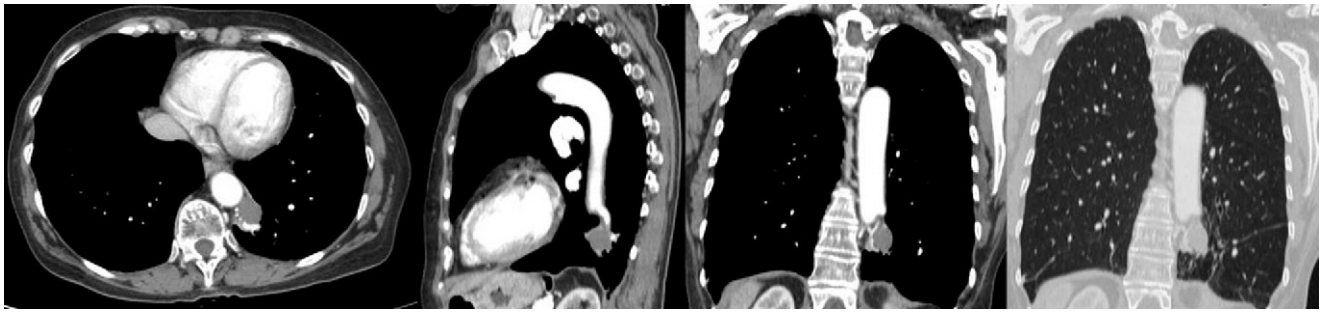

Fig. 1. Computed tomography study with intravenous contrast.

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anomalies such as diaphragmatic hernia or congenital heart disease.[4]

Sequestration is typically seen on chest radiographs as focal opacities that are either well or poorly defined. Extralobar sequestration tends to be adjacent to the mediastinum and therefore can be confused with mediastinal tumors. Intralobular sequestration may contain air, present poorly-defined edges and imitate pneumonia or pulmonary abscess. On CT, emphysema is frequently observed adjacent to this type of sequestration.

The key to its diagnosis is the visualization of the blood supply through the general arterial circulation, which differentiates sequestration from bronchogenic cysts, lobar atelectasis, necrotizing pneumonia or other parenchymal anomalies.[5]

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Victoria Mayoral-Campos,* Beatriz Carro-Alonso, José Andrés Guirola-Ortiz, José Luis Benito-Arévalo

Servicio de Radiología, Hospital Clínico Universitario Lozano Blesa, Zaragoza, Spain

* Corresponding author.
E-mail address: vickymayoral@gmail.com (V. Mayoral-Campos).