

Journal Pre-proof

Rare association of right upper lobe agenesis, dextrocardia, and aberrant hepatic arterial supply

Javier Reyes Ussetti MD Julia Montero de Miguel Javier Flandes Aldeyturriaga



PII: S0300-2896(25)00177-2

DOI: <https://doi.org/doi:10.1016/j.arbres.2025.05.003>

Reference: ARBRES 3801

To appear in: *Archivos de Bronconeumología*

Received Date: 21 March 2025

Accepted Date: 5 May 2025

Please cite this article as: Ussetti JR, de Miguel JM, Aldeyturriaga JF, Rare association of right upper lobe agenesis, dextrocardia, and aberrant hepatic arterial supply, *Archivos de Bronconeumología* (2025), doi: <https://doi.org/10.1016/j.arbres.2025.05.003>

This is a PDF file of an article that has undergone enhancements after acceptance, such as the addition of a cover page and metadata, and formatting for readability, but it is not yet the definitive version of record. This version will undergo additional copyediting, typesetting and review before it is published in its final form, but we are providing this version to give early visibility of the article. Please note that, during the production process, errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

© 2025 SEPAR. Published by Elsevier España, S.L.U. All rights are reserved, including those for text and data mining, AI training, and similar technologies.

Rare association of right upper lobe agenesis, dextrocardia, and aberrant hepatic arterial supply

Javier Reyes Ussetti¹, Julia Montero de Miguel¹, Javier Flandes Aldeyturriaga¹

1. Pneumology department, *Fundación Jiménez Díaz University Hospital Quirón Salud, Madrid, Spain*

Corresponding author: Javier Reyes Ussetti MD, Pneumology department, *Fundación Jiménez Díaz University Hospital Quirón Salud*

E.mail: Javier.reyes@quironsalud.es

A 33-year-old woman with previously diagnosed dextrocardia and no other significant medical history attended our center for a second opinion regarding the previously diagnosed dextrocardia. She provided prior imaging studies, including a cardiac MRI (Fig. 1 A), which confirmed dextrocardia with dextroapex and situs solitus. A thoracoabdominal CT revealed right upper lobe agenesis (Fig. 1 B and 1 C), hypoplasia of the right upper pulmonary artery and anomalous arterial supply to the right lower lobe from the hepatic artery (Fig. 1 D), without evidence of pulmonary sequestration. The CT scan also showed agenesis of the intrahepatic inferior vena cava with azygos vein drainage and normal pulmonary venous drainage. Lung abnormalities, such as lung hypoplasia or agenesis are common findings in patients with dextrocardia and Scimitar Syndrome¹. Aberrant systemic lung arterial supply, although described in pulmonary malformations and variations of Scimitar Syndrome, is a highly unusual finding when accompanied by dextrocardia and upper lobe agenesis ^{2,3}. Our case, remarks the importance of a complete evaluation of patients with dextrocardia or other congenital cardiopulmonary abnormalities, as unexpected vascular variations may alter diagnostic or management strategies.

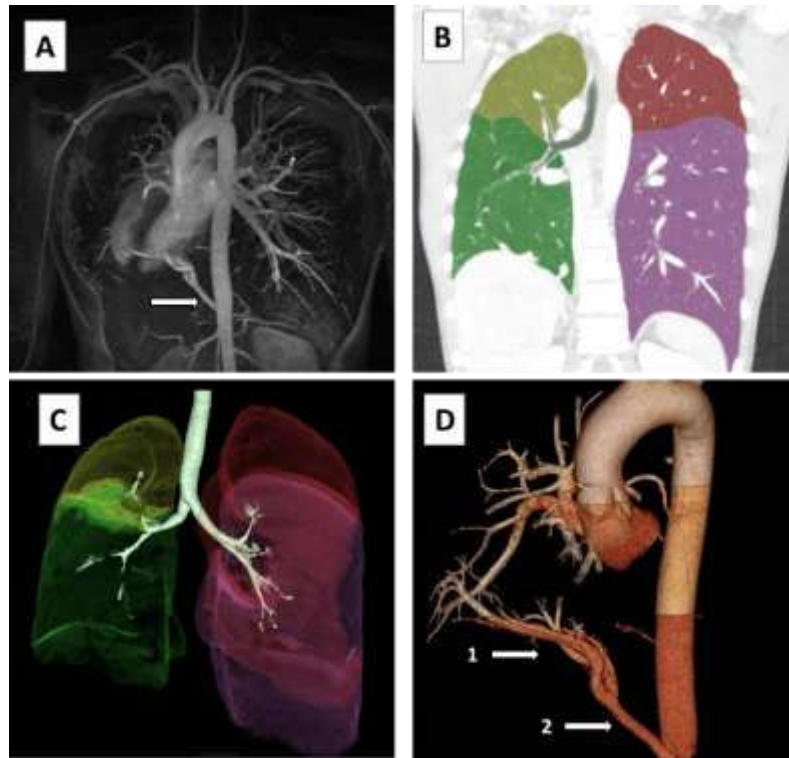


Figure 1. Multimodal Imaging Findings. A) Cardiac MRI showing dextrocardia and an anomalous systemic arterial supply to the right lower lobe (arrow). B) Coronal computed tomography image of the chest with automated pulmonary lobe segmentation, highlighting the agenesis of the right upper lobe, with the right middle and lower lobes displayed in yellow and green, respectively. The left upper and lower lobes are fully visualized and color-coded in red and purple. C) 3D reconstruction of the tracheobronchial tree revealing the absence of the right upper lobe bronchus. Both B and C were obtained using Synapse 3D® (Fujifilm). D) 3D vascular reconstruction from the thoracic CT scan detailing the anomalous systemic arterial supply to the right lower lobe (1), originating from the hepatic artery (2)

- This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.
- Authors declare not to have any conflicts of interest that may be considered to influence directly or indirectly the content of the manuscript.
- The material of the article has not been produced with artificial intelligence software.

Ethics in publishing

1. Does your research involve experimentation on animals?:

No

2. Does your study include human subjects?:

No

3. Does your study include a clinical trial?:

No

4. Are all data shown in the figures and tables also shown in the text of the Results section and discussed in the Conclusions?:

Yes

References

1. Xie L, Zhao J, Shen J. Clinical diagnostic approach to congenital agenesis of right lung with dextrocardia: a case report with review of literature. *Clin Respir J*. 2016; 10:805–8. <https://dx.doi.org/10.1111/crj.12282>
2. Bo I, Carvalho JS, Cheasty E, Rubens M, Rigby ML. Variants of the scimitar syndrome. *Cardiol Young*. 2016;26(5):941–7. <http://dx.doi.org/10.1017/S1047951115001651>
3. D'Angelo T, Blandino A, Saitta MB, Agati S, Romeo P, Mazziotti S. A rare variant of hypogenetic lung syndrome mimicking scimitar vein. *Ann Thorac Surg*. 2021;112(3): e173–6. <http://dx.doi.org/10.1016/j.athoracsur.2021.01.020>