

Clinical Image

Pulmonary Hypoplasia in a Young Adult[☆]



Hipoplasia pulmonar en un adulto joven

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A 27-year-old Moroccan man, living in Spain for 9 years, with no known toxic habits or significant medical history. He was diagnosed incidentally with left pulmonary hypoplasia after consulting for non-specific chest pain. A marked reduction in the volume of the left hemithorax was observed in the tomographic images of the chest, with varicose and cystic bronchiectasis in the small portion of parenchyma present, and compensatory hyperinflation of the right lung (Fig. 1).

Unilateral pulmonary hypoplasia is very uncommon. According to the literature, very few cases go unnoticed until adulthood,¹ as occurred in our patient. The left lung is most frequently affected, although the cause or causes for this propensity are unknown. The production and retention of secretions in the rudimentary lung tissue predispose these patients to repeated respiratory infections, and bronchiectasis may be the cause or the result of these infections. A definitive diagnosis is reached with imaging techniques such as computed axial tomography.² It is remarkable in our case that the patient did not report any previous or current history of infections.

References

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Fig. 1. Axial image of the chest CT showing (a) left lung with marked reduction of volume and bronchiectasis, corresponding to pulmonary hypoplasia, and (b) large compensatory hyperinflation of the right lung; Ao-a: ascending aorta; Ao-d: descending aorta; RPA: right pulmonary artery; MB: left and right main bronchi; E: esophagus; SVC: superior vena cava; PV: pulmonary vein.

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