

Clinical Image

Pulmonary Hypoplasia in a Young Adult[☆]

Hipoplasia pulmonar en un adulto joven

Laura Vigil Vigil,^{a,*} Luis Alfonso Sota Yoldi,^b María Jose Escobar Fernández^a

^a Servicio de Neumología, Hospital Universitario de Cabueñes, Gijón, Asturias, Spain

^b Servicio de Neumología, Fundación Hospital de Jove, Gijón, Asturias, Spain



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

1. Georgescu A, Nuta C, Bondari S. Imaging in unilateral primary pulmonary hypoplasia in an adult: a case report. *Case Rep Radiol.* 2011;659586. <http://dx.doi.org/10.1155/2011/659586>.

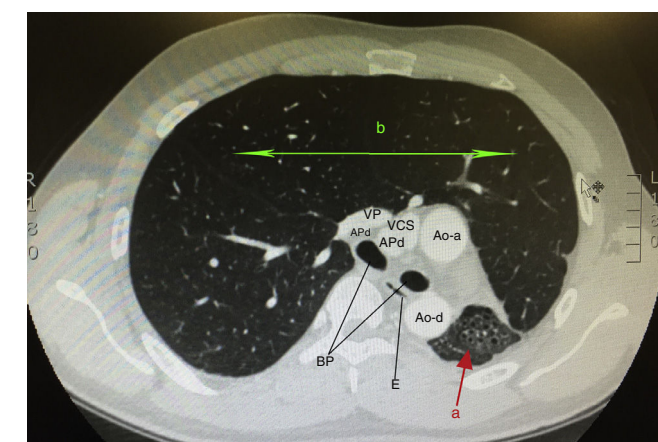


Fig. 1. Axial image of the chest CT showing (a) left lung with marked reduction of volume and bronchiectasis, corresponding to pulmonary hypoplasia, and (b) large compensatory hyperinflation of the right lung; Ao-a: ascending aorta; Ao-d: descending aorta; RPA: right pulmonary artery; MB: left and right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

2. Comet R, Mirapeix RM, Marín A, Castañer E, Sans J, Domingo C. Pulmonary hypoplasia in adults: embryology, clinical presentation and diagnostic methods: our experience and review of the literature. *Arch Bronconeumol.* 1998;34:48–51.

[☆] Please cite this article as: Vigil Vigil L, Sota Yoldi LA, Escobar Fernández MJ. Hipoplasia pulmonar en un adulto joven. *Arch Bronconeumol.* 2018;54:218.

* Corresponding author.

E-mail address: lauravigil2@hotmail.com (L. Vigil Vigil).