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CLINICAL CASE

Thoracoscopic lobectomy for the treatment of tracheal bronchus. A paediatric case report[☆]



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KEYWORDS

Tracheal bronchus;
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Abstract

Background: Tracheal bronchus is considered a rare, congenital anomaly, which implies the abnormal origin of a bronchus. When related to repetitive infections the bronchus must be resected, usually via an open procedure.

Objective: The aim of this paper is to present the case of a patient with tracheal bronchus of the upper right lobe who presented with repetitive pneumonias. Additionally, this text intends to expose the methodology for its diagnosis and surgical resolution through a thoracoscopic lobectomy.

Clinical case: One year old female patient who presented with the disorder at two months of age. The patient presented with constant coughing and persistent fever alongside repetitive pneumonias in the upper right lobe. In order to discard the possibility of gastroesophageal reflux, a bronchoscopy and a panendoscopy of the digestive tube were conducted. The aforesaid procedure demonstrated the existence of a tracheal bronchus located in the right lobe, with functional bronchial segmentation. With these findings and due to the presence of repetitive infections, an apical right lobectomy was performed through a thoracoscopy, with favourable results.

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Conclusions: Tracheal bronchus is a rare anomaly that on many occasions is asymptomatic; nonetheless, when related to repetitive infections, a lobectomy must be carried out to avoid further pulmonary damage. This can be done through a thoracoscopy, as was the case with our patient. When treating these patients, it is worth considering they tend to have a different anatomy and to consider the ease at which they can sustain severe inflammation due to repetitive infections.

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PALABRAS CLAVE

Bronquio traqueal;
Lobectomía
pulmonar;
Toracoscopia

Lobectomía toroscópica para el tratamiento del bronquio traqueal. Reporte de un caso pediátrico

Resumen

Antecedentes: El bronquio traqueal es una anomalía congénita poco frecuente que implica el origen anormal de un bronquio. Cuando se asocia con infecciones de repetición se debe resear este, lo cual habitualmente se hace mediante procedimientos quirúrgicos abiertos.

Objetivo: El objetivo de este trabajo es presentar el caso de un paciente pediátrico con bronquio traqueal del lóbulo superior derecho, con neumonías de repetición, que fue tratado mediante una lobectomía toroscópica.

Caso clínico: Paciente femenina de un año de edad, que inició su afección a los 2 meses de vida con tos productiva en accesos y persistente, con neumonías de repetición en el lóbulo superior derecho. Para descartar reflujo gastroesofágico, se practicó broncoscopia y panendoscopia de tubo digestivo, en donde se documentó la emergencia del bronquio para el lóbulo superior derecho por arriba de la carina; se practicó una tomografía axial computada en donde se encontró la emergencia del bronquio apical derecho 2 cm por arriba de la carina principal, con segmentación bronquial funcional. Con estos hallazgos, y al estar relacionado con infecciones de repetición, se llevó a cabo una lobectomía apical derecha por toracoscopia sin complicaciones.

Conclusiones: El bronquio traqueal es una anomalía rara, que en muchas ocasiones es asintomática pero cuando se asocia a infecciones de repetición debe realizarse una lobectomía para evitar infecciones pulmonares. Es posible el abordaje toroscópico pero se debe tener en cuenta que estos pacientes presentan una anatomía diferente, con mayor inflamación debido a los procesos infecciosos de repetición.

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Introduction

Tracheal bronchus refers to any portion of the airway arising from the trachea above the main carina.¹ Its incidence ranges from 0.1% to 2% of the population.^{2,3} In most cases it is found incidentally during an endoscopic or radiological study.^{4,5} Most patients do not have symptoms and therefore do not require treatment; however, in cases of recurrent pneumonia of the anomalous lobe, the treatment of choice is to resect it.^{2,6} To date, surgical treatment has been undertaken in the traditional fashion through open thoracic approaches. There are no reports of thoroscopic lobe resection in patients with tracheal bronchus.⁷

The *aim* of this paper is to present the case of a girl with a right tracheal bronchus and recurrent pneumonia, the diagnostic methodology and successful treatment by apical right lobectomy through thoracoscopy.

Clinical case

The patient was a one-year old female, product of a multiple pregnancy, delivered by caesarean at 32 weeks' gestation. The patient's birth weight was 1650 g; she was kept in the neonatal intensive care unit, did not require assisted ventilation, and was discharged aged one month.

Her current condition started at the age of 2 months, with spells of productive coughing. She was treated with different antibiotic regimens, and the presence of repeated right apical pneumonias was documented; for this reason, because we considered that this might be associated with gastro-oesophageal reflux, she underwent bronchoscopy and digestive panendoscopy. Endoscopic study of the bronchi showed the bronchus arising in the right upper lobe of the lateral face of the trachea, 1 cm above the main carina (Fig. 1). In order to determine the lobe pattern that corresponded with this bronchus, we performed axial

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