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Case Report: YES

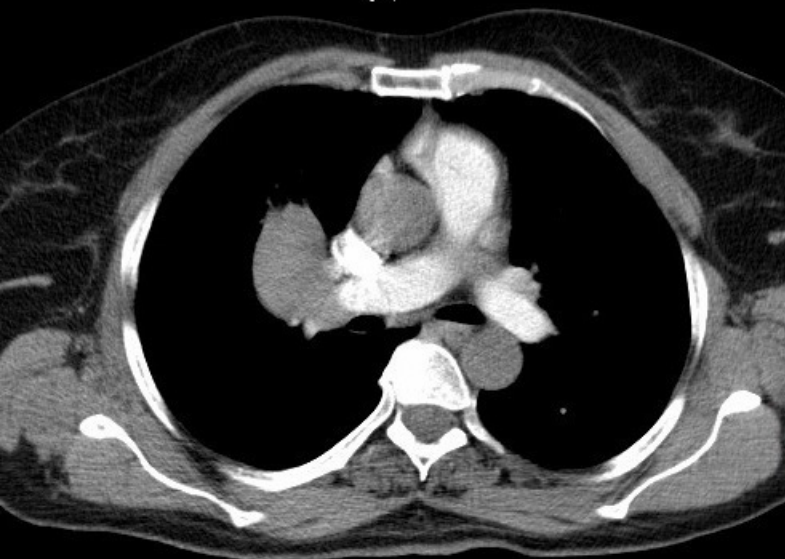
Bronchogenic cysts arise from abnormal budding of the primitive tracheobronchial tube. Most of the bronchogenic cysts are diagnosed during in adulthood. EBUS can evaluate the cystic nature of the lesion. EBUS -TBNA can be performed on these patients to aspirate the fluid for cytological analysis, and confirm the diagnosis.

A 48-year-old woman presented with progressive cough. She had an unremarkable physical examination. CT scan revealed a well-circumscribed mass lesion in the right hilum. PET/CT did not reveal any abnormal FDG uptake. EBUS was performed and ultrasound identified a round lesion with an echogenic centre and calcified, thickened, and hyperechoic wall. These findings were considered as a bronchogenic cyst. The aspiration biopsy could not be performed because the cyst was too close to the pulmonary vessels.

Right-sided thoracotomy was performed for the definite diagnosis and treatment. A calcified lesion with a cystic cavity at the root of the right upper lobe bronchus was found and a right upper lobectomy was performed.

Histopathological examination revealed a well-defined cystic space lined by inflamed respiratory epithelium, cartilage, muscle and mucous gland consistent with the histopathological diagnosis of a bronchogenic cyst (Hex40).

Surgical resection is still the best treatment option for bronchogenic cysts. EBUS can be used to confirm the definitive diagnosis especially for hilar lesions. EBUS-TBNA can be performed as a treatment method for patients who are not suitable for an open surgical procedure.



NAME: AGE:
DOB: SEX:
07/01/2013
10:25:07
7.5MHz 9cm
G:18/19 I:1.1
C:7/8 FC:1
L.DEN:x1.5
TX: 73%
MEDIA
T/a:NONE



-DIR: MOR
SCL: 10mm

