



A Rare Case of Tracheobronchial Anomaly: Tracheal Bronchus

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ABSTRACT

Tracheal bronchus is a rare congenital bronchial anomaly with a prevalence of 0.1-5.0%. The anomaly is generally asymptomatic in adults and detected incidentally bronchoscopy or radiologic examinations. Herein we report a case of tracheal bronchus in an adult male presenting with recurrent haemoptysis and cough.

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Introduction

A 67-year-old man presented with a four episodes of scanty hemoptysis and cough within ten days. He reported a similar episode of non-massive hemoptysis the previous year. He had not suffered from pulmonary tuberculosis or any allergic disorders in the past physical examination and laboratory values were unremarkable. A chest radiograph was normal. A computed tomography scan of the chest in axial and coronal view showed an abnormal bronchial structure (arrow) arising from the main bronchus above the carina (Figure 1 a-b). He was treated with a course of oral amoxicillin-clavulanic acid preparation. The patient improved symptomatically and further hemoptysis was not reported until the last

contact a month ago.

The tracheal bronchus which was first described by Sandisfort in 1785, is an aberrant bronchus that arises most often from the right tracheal wall above the carina and supplies the right upper lobe (1). The prevalence ranges from 0.1 to 5.0%. The tracheal bronchus are generally asymptomatic and they are detected only incidentally during bronchoscopy or radiologic examinations (2). Most patients with tracheal bronchus can be treated conservatively. In the case of recurrent pneumonia which is complicated by bronchiectasis surgical resection of the aberrant bronchus as well as the lobe it supplies is the treatment of choice (3).

Figure 1a

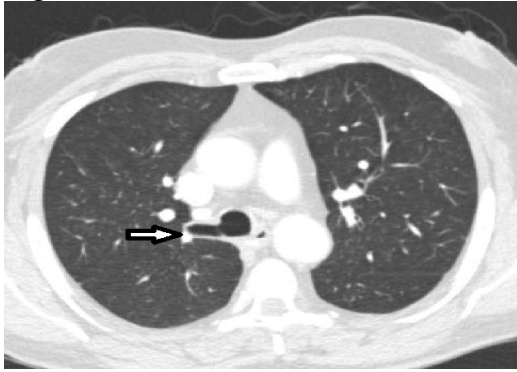


Figure 1b

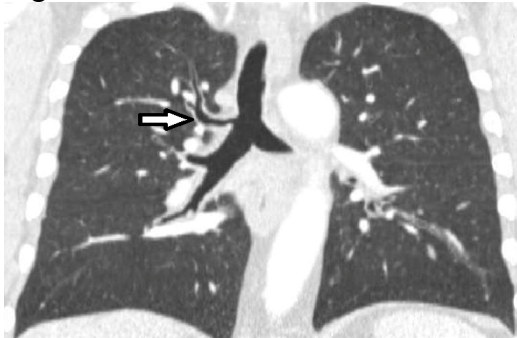


Figure 1 a-b. A computed tomography scan show an abnormal bronchial structure (arrow) arising from the main bronchus above the carina (a: axial view; b: coronal view)

Conflict of Interest

No conflict of interest was declared by the authors.

References

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