

: 1 1

가

1

(Fig. 1B),
CT

가

가
가

(Fig. 1C).

6-7 cm

(1).

가

(Fig. 1D),

(computed tomography, CT)

1

mm

(Fig. 1E).

1-5

48 가 3

가
가

가, 2

0.15 - 6.4%

1.1 - 1.8%

(2).

6 cm

1946 Pryce가 가

(Fig. 1A).

가

CT

가
가 130 HU

(3).

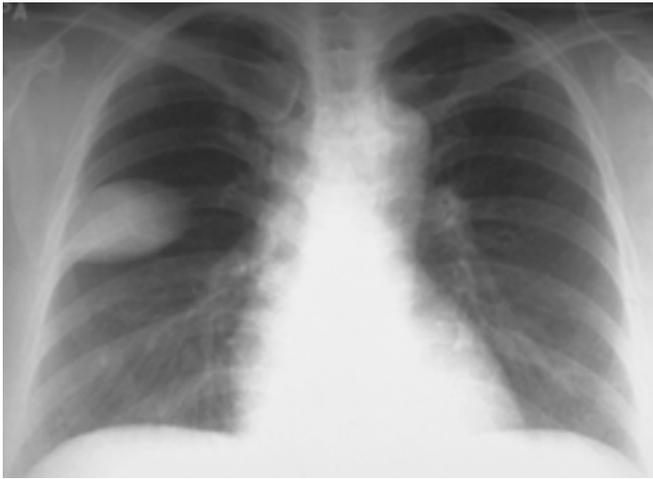
(primitive foregut)

(supernumerary lung bud)가

(primitive dorsal aorta)

2001 8 6

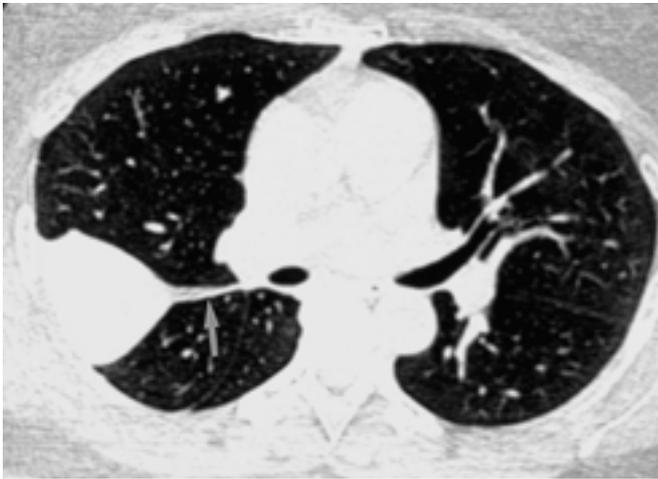
2001 12 21



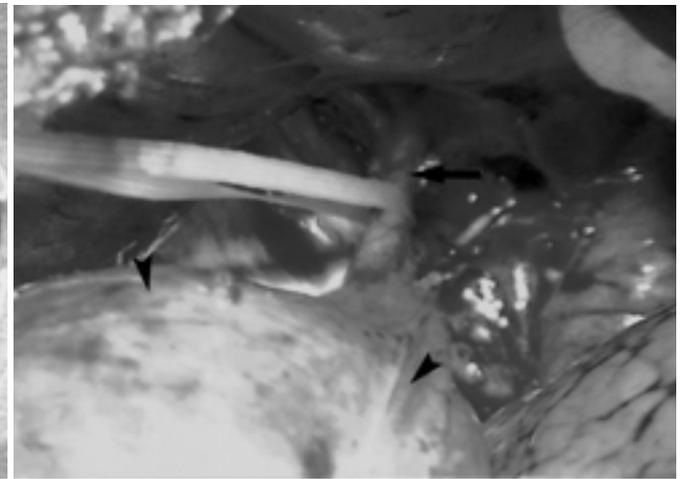
A



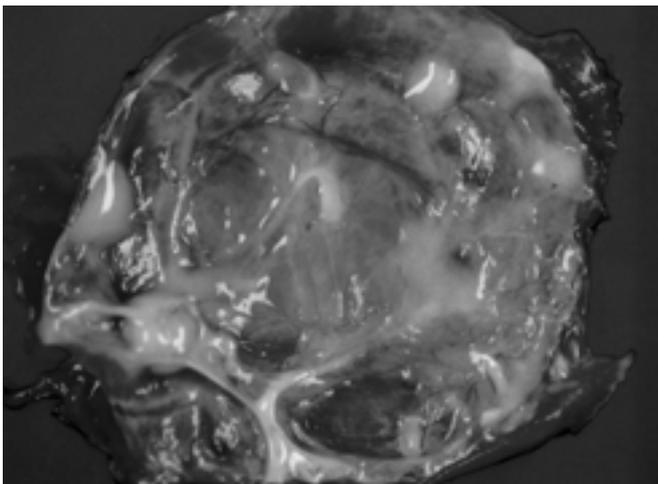
B



C



D



E

Fig. 1. A 48-year-old female with known intrathoracic mass for 3 years.

A. A Chest radiograph demonstrates a mass at right middle lung zone. The mass is well defined superiorly and inferiorly, and its medial portion points to right hilum.

B. Precontrast CT scan reveals a well-defined mass based on right posterolateral chest wall, showing homogenously high density measuring about 130 HU (not shown). Contrast-enhanced CT scan fails to demonstrate definitely enhancing portion within the mass (not shown).

C. CT image at lung window setting shows a relatively thick, linear structure connecting the mass and right hilum (arrow).

D. A well-encapsulated mass (arrowheads) within the right major fissure is noted on thoracotomic field. A large feeding vessel (arrow) originating from the right pulmonary artery enters into the mass and its vein drains into the left atrium (not shown).

E. Gross examination of the specimen reveals a well-encapsulated, unilocular cystic mass. The external surface of the mass is coated with relatively thick pleural tissue. The wall of cystic mass is relatively even and thin. The cyst was filled with thick, tenacious and creamy materials.

가 (1). 가 , CT
 가 (4, 9). 가 CT
 (4).
 2
 (5). 가 (7),
 25%
 6
 , 50-65%
 (20-30%) 가
 (63-77%)
 가 (6, 7).
 80%
 15% , 5%
 80%
 , 20%
 가
 (8). 가
 CT
 가
 (9, 10). 가 CT

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Unusual Presentation of Extralobar Pulmonary Sequestration: A Case Report¹

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Extralobar pulmonary sequestration, a rare form of bronchopulmonary sequestration, is a congenital anomaly in which a portion of nonfunctioning lung tissue is surrounded by its own pleura and is supplied by a systemic artery. We describe a case of extralobar pulmonary sequestration with unusual features. CT scanning of the chest demonstrated a non-enhancing, hyperdense mass within the right major fissure, and thoracotomy revealed that the mass received blood from a branch of the right pulmonary artery and drained into the left atrium. The pathologic diagnosis was extralobar pulmonary sequestration.

Index words : Lung, abnormalities
Lung, sequestration
Lung, CT

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