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Two Interesting Cyst Cases Presenting with Similar Radiological Findings Under 3 Years Old

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Computerized thorax tomography was performed because of the appearance of a well-defined lesion in left lower zone on the chest X-ray on admission to the outpatient clinic of a 2 year-old male child with sign of fatigue. It was seen on the tomography that there was a cystic lesion with few air in the left lower lobe. The cystic lesion was reached by left mini thoracotomy incision, and cystectomy and capping were performed after removing germinative membrane. Pathology was reported as hydatid cyst. Albendazole (10 mg/kg/day) was started to the patient and he was discharged. 1.5 year-old male patient was admitted to our clinic with fever and a cystic lesion in the upper lobe of right lung was detected. Surgical exploration was planned. Consolidation in the upper lobe and intense adhesions between visceral and parietal pleura like tumoral invasion were detected. Right upper lobectomy was performed and the specimen was sent to the pathology department. The report of pathology was congenital cystic adenoid malformation. The patient was followed up clinically. Cyst hydatid was a parasitic disease that who had been effected by echinococcus in the childhood. The treatment is usually complete removal of the cysts by preserving the lung parenchyma. Congenital cystic adenoid malformation is a congenital disease of childhood. If it is detected, lung resection should be performed because of the risk of malignancy, even if it is asymptomatic.

Keywords: Congenital cystic adenoid malformation, cyst hydatid, surgery