**Picture Story**

**Recurrent lower respiratory tract infection: Beware of bronchogenic cyst**

Sandeep Ramkrishna Hambarde¹, Pradnya Suhas Bendre²


(Key words: Recurrent lower respiratory tract infection, bronchogenic cyst)

DOI: [http://dx.doi.org/10.4038/sljch.v40i3.3517](http://dx.doi.org/10.4038/sljch.v40i3.3517)

**Case report**

A 2 year old boy presented with recurrent episodes of lower respiratory tract infection since one year of age. There was a history of fever, cough and nocturnal episodes of breathlessness. Koch’s workup was negative. Routine investigations showed presence of infection. X-ray chest showed left sided loculated collapse with oesophageal deviation (Figure 1). CT scan of the chest showed bronchogenic cyst 5x3.9x2.7cm between carina and spine causing complete obstruction of left main bronchus (Figures 2-5). Right thoracotomy revealed large bronchogenic cyst sharing a common wall with the trachea (Figures 6-7). Cyst was completely excised (Figures 8-9). Tracheal rent was repaired. Post operative course was uneventful. No complications have occurred on short and long term followup.

Bronchogenic cysts usually present with mild symptoms like cough and large ones present with features of obstructive pneumonia and tracheoesophageal compression¹. X-ray chest with feeding tube in situ and CT scan of chest virtually diagnose the condition². Complete excision, if possible, is curative³.

**References**


---

¹Senior Registrar, ²Senior Resident, Department of Paediatric Surgery, B J Wadia Hospital, Parel, Mumbai, India

(Received on 28 October 2010: Accepted on 26 November 2010)
Figure 3: CT sagittal section showing cyst between carina and spine

Figure 4: CT chest showing bronchogenic cyst

Figure 5: CT chest showing compressed left main bronchus

Figure 6: Right thoracotomy in progress

Figure 7: Cyst adherent to trachea

Figure 8: Cyst opened with dissection in progress

Figure 9: Excised cyst