

MIDDLE LOBE SYNDROME- INTRAOPERATIVE FINDING

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Middle lobe syndrome is a rare clinical entity with multiples etiologies.

A previously healthy 35-year-old female had eight respiratory infections in one year, neither of them requiring hospitalization. Specific IgE testing, prick test were negative such as bronchoalveolar lavage (negative for malignancy and infections). Flexible bronchoscopy showed a stenosis of middle lobe bronchus and computed tomography (CT) of the chest presented middle lobe atelectasis with air bronchogram, without

hilar or mediastinal adenomegaly. After 6 months CT showed persisting atelectasis of the middle lobe (Fig 1) and diagnosis of middle lobe syndrome was made. The patient underwent a middle lobe lobectomy and an enlarged peribronchial lymph node (Fig 2 arrow) was dissected between the middle (*) and right lower lobe (+). Postoperative course was uneventful. Histology showed an anthracotic lymph node without malignancy and bronchiectasis in the surgical specimen. After 1 year she is asymptomatic.

