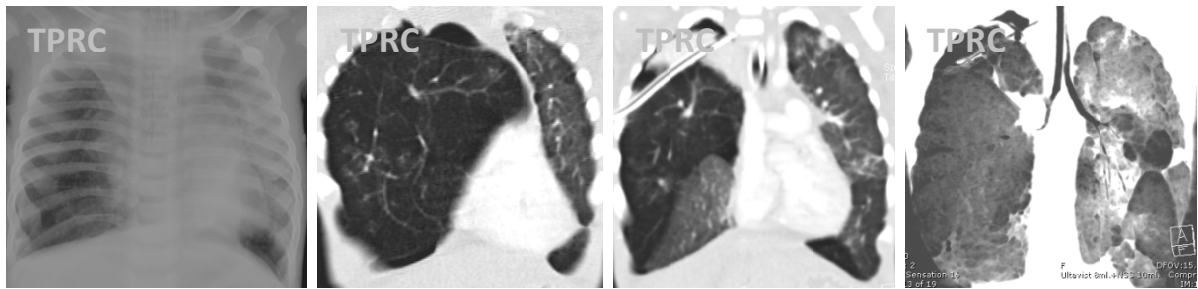


CLE in BPD lung

Boy 8 months



17 Sep 06

21 Sep 06

- CXR
- Flat and low position of the diaphragm
 - ICD insertion, right; ET tube slightly shift to the left
 - RUL atelectasis
 - RML hyperinflation, herniating across mediastinum to the left, separating and slightly decreasing size of RML vessels
 - RLL hazy in medial inferior position
 - Hazy left mid lung
 - Left lower lung: opaque medially, hyperlucent laterally

CT

1. CLE findings
 - a. RML increased volume and hyperlucent, herniating across mediastinum to the left, separating and slightly decreasing size of RML vessels, tree-in-bud suggesting small airway disease, not well seen RML bronchus in minIP
 - b. Complete atelectasis of RUL with unseen RUL bronchus in minIP, and suboptimal inflation of RLL
2. BPD findings
 - a. Left lung shows inhomogeneous pulmonary densities (some areas of air trapping in MPR and minIP), reticulonodular infiltration in apex, linear opacity at left mid lung, and cystic change in minIP

Comment:

In BPD, areas of air trappings are multifocal and asymmetrical, and rarely large to compress adjacent lung. Linear or triangular or reticulonodular opacities are subpleural or pleural based; they are fibrosis, deep pleural (pseudo)fissure, scar, atelectasis. Architecture distortion. Decreased bronchial diameter. Uncommon to have bronchiectasis. Having associated tracheobronchomalacia with localized segment of airway collapse (report 16% in one series), and bronchospasm (usually not responding to bronchodilators).