

Tracheal Bronchus

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القَصْبَةُ الرَّغَامِيَّةُ

انوبام كاكاريا، سخبال سوهني، راجيف جين

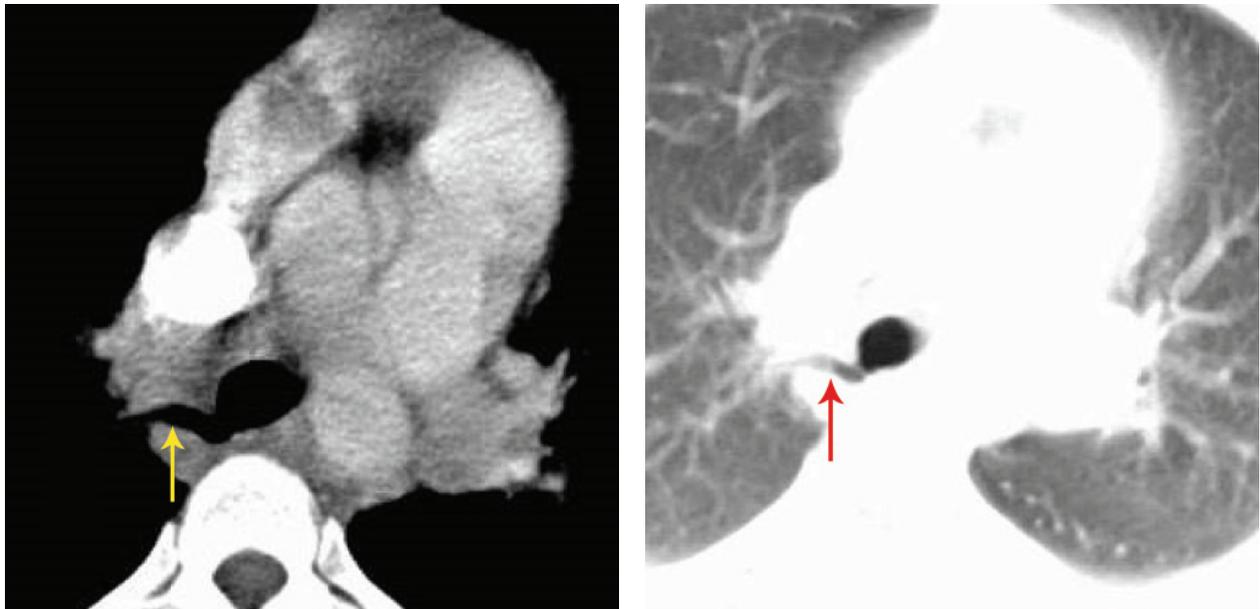


Figure 1 and 2: Images in mediastinal and lung windows of the computed tomography scan show an accessory bronchus arising from the right posterior wall of the trachea (arrow on figure 1). Also noted are enlarged lymphnodes

THE PATIENT IS A YOUNG FEMALE WHO presented at Sultan Qaboos University Hospital, Oman, with symmetrical joint pains, erythema nodosum and episcleritis. She was suspected to have sarcoidosis and a computed tomography (CT) chest scan was performed to look for mediastinal lymphadenopathy. The mediastinum showed evidence of enlarged lymph nodes. Incidentally detected was a bronchus arising from the trachea a short distance before the carina. The tracheal bronchus is seen to arise from the right posterior wall of the trachea [Figures 1-3].

The tracheal bronchus maybe supernumerary if the right upper lobe trifurcates and supplies the upper lobe normally and the accessory bronchus supplies an extra segment of right upper lobe. If the right upper lobe bronchus bifurcates into two, the accessory bronchus usually supplies the apical segment of the right upper lobe and it is a displaced bronchus.¹ In our case, the right upper lobe bronchus shows a bifurcation [Figure 3] suggesting this is a case of a displaced right apical bronchus. Figure 4 shows a virtual bronchoscopic reconstruction.

The anomaly is a rare entity with a reported in-

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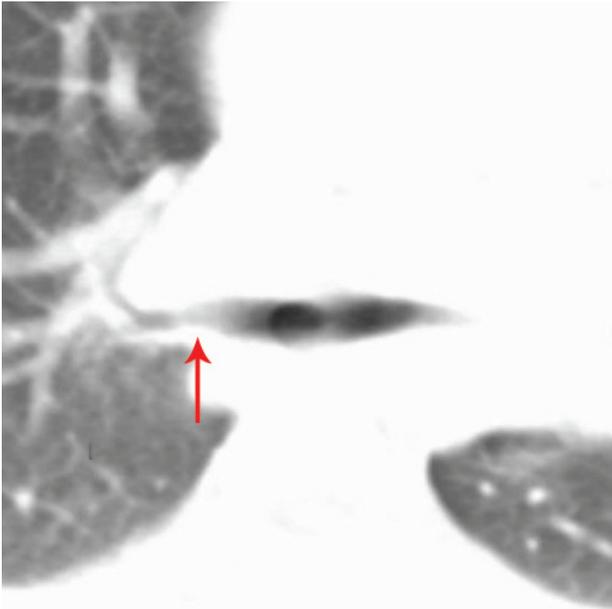


Figure 3: *The bifurcation of the right upper lobe bronchus (arrow)*

cidence of 0.1-3%.² Most of the tracheal bronchi are asymptomatic; however, some children with tracheal bronchus may suffer from stridor, recurrent infections and respiratory distress. In adults, this condition may be associated with difficulties in intubation and ventilation during anaesthesia. Accidental intubation of the tracheal bronchus may lead to inadequate ventilation of the rest of the lung. It may also cause overinflation of the lobe supplied by the tracheal bronchus and pneumothorax. Accidental occlusion of the tracheal bronchus by the endotracheal tube can lead to

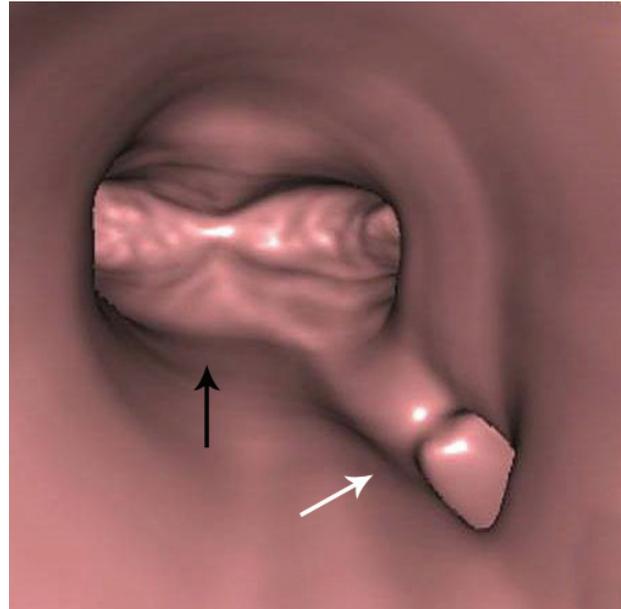


Figure 4: *Virtual bronchoscopic reconstruction viewed from above shows carina (black arrow) and the accessory bronchus arising from the right posterior wall (white arrow)*

atelectasis of the involved lobe. If patient is aware of this condition, the anaesthesiologist should be alerted prior to any elective surgery to allow precautions to be taken.

REFERENCES

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