

Rare Bilateral Foetal Pulmonary Sequestration with Postnatal Resolution

Case report • Prenatal diagnosis at 23 weeks • Complete postnatal resolution

Cerrahpaşa Perinatology

CASE PRESENTATION

A 28-year-old pregnant woman, gravida 2 with one previous caesarean delivery, underwent routine second-trimester foetal ultrasonographic screening at 23 weeks of gestation. The pregnancy had otherwise been uncomplicated, and the thoracic abnormalities were detected during detailed foetal assessment.

COLOUR DOPPLER

Colour Doppler imaging demonstrated systemic arterial supply arising from the descending aorta and supplying both thoracic lesions. This characteristic vascular pattern supported the prenatal diagnosis of bilateral foetal pulmonary sequestration (Figure 3).

CONCLUSION

Bilateral foetal pulmonary sequestration is an exceptionally rare congenital bronchopulmonary malformation. Prenatal recognition depends on identifying an echogenic intrathoracic lesion together with its characteristic systemic arterial supply. Bilateral lesions make the diagnosis particularly unusual.

In this case, colour Doppler enabled confident prenatal diagnosis by demonstrating arterial feeders from the descending aorta to both lesions. Despite the bilateral presentation, the pregnancy reached term, the neonate remained clinically well, and follow-up imaging showed complete spontaneous postnatal resolution. The case illustrates the value of targeted Doppler assessment and postnatal imaging follow-up.

Bilateral lesions • systemic arterial supply • term delivery • complete postnatal resolution

PRENATAL ULTRASOUND

Ultrasonography demonstrated bilateral echogenic thoracic masses. The lesion in the left lung measured 37.66 × 27.83 mm and contained a cystic component, whereas the right-sided lesion measured 27.69 × 20.81 mm (Figures 1 and 2). The bilateral distribution prompted targeted Doppler assessment of the vascular supply.

DELIVERY & POSTNATAL OUTCOME

The pregnancy was followed to term. At 39 weeks of gestation, a planned caesarean delivery was performed, resulting in the birth of a 2830-g male infant. The neonatal course was uncomplicated, with no postnatal clinical complications. Follow-up imaging at 1 month of age demonstrated complete resolution, with no residual abnormal findings.

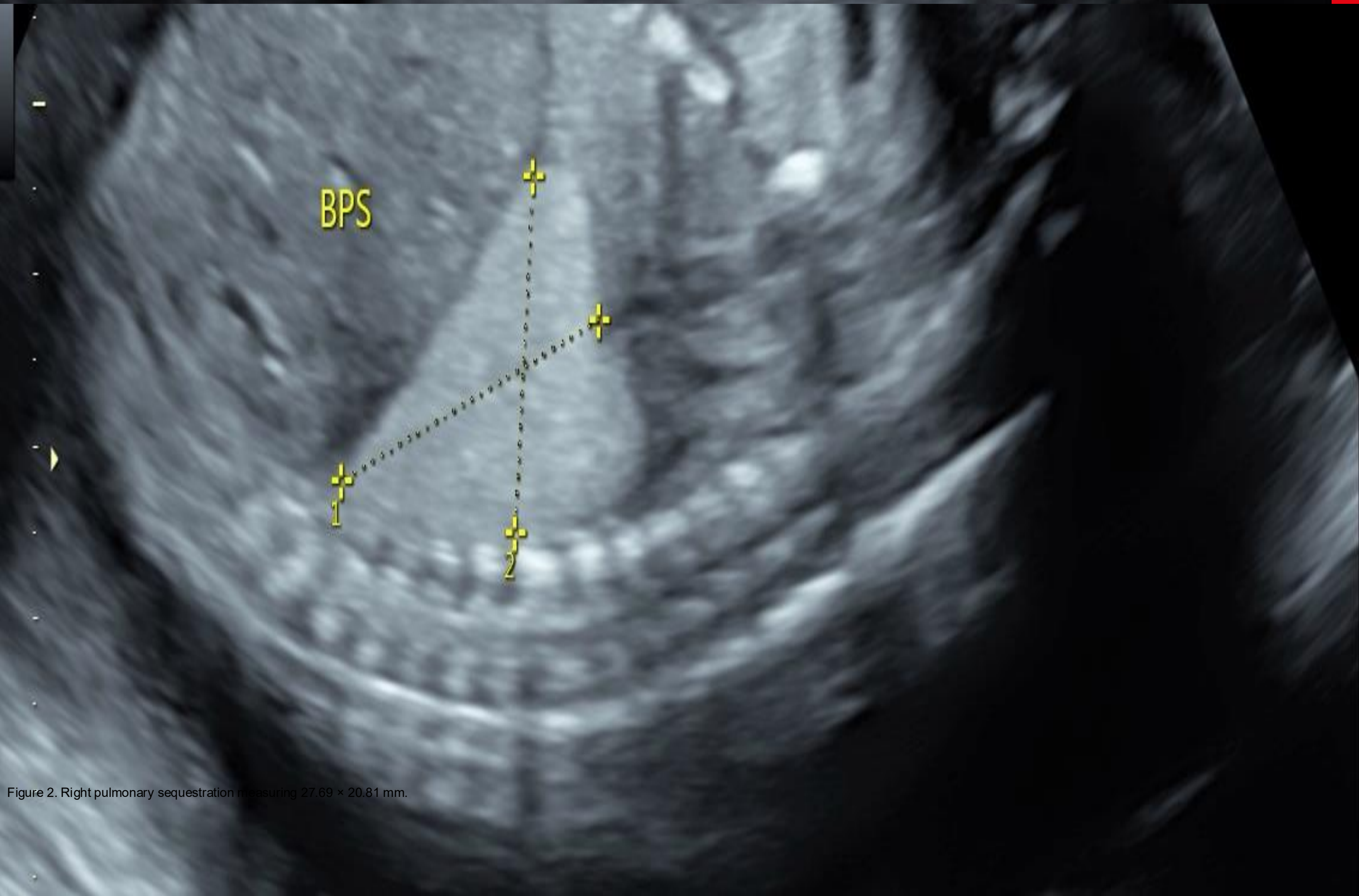
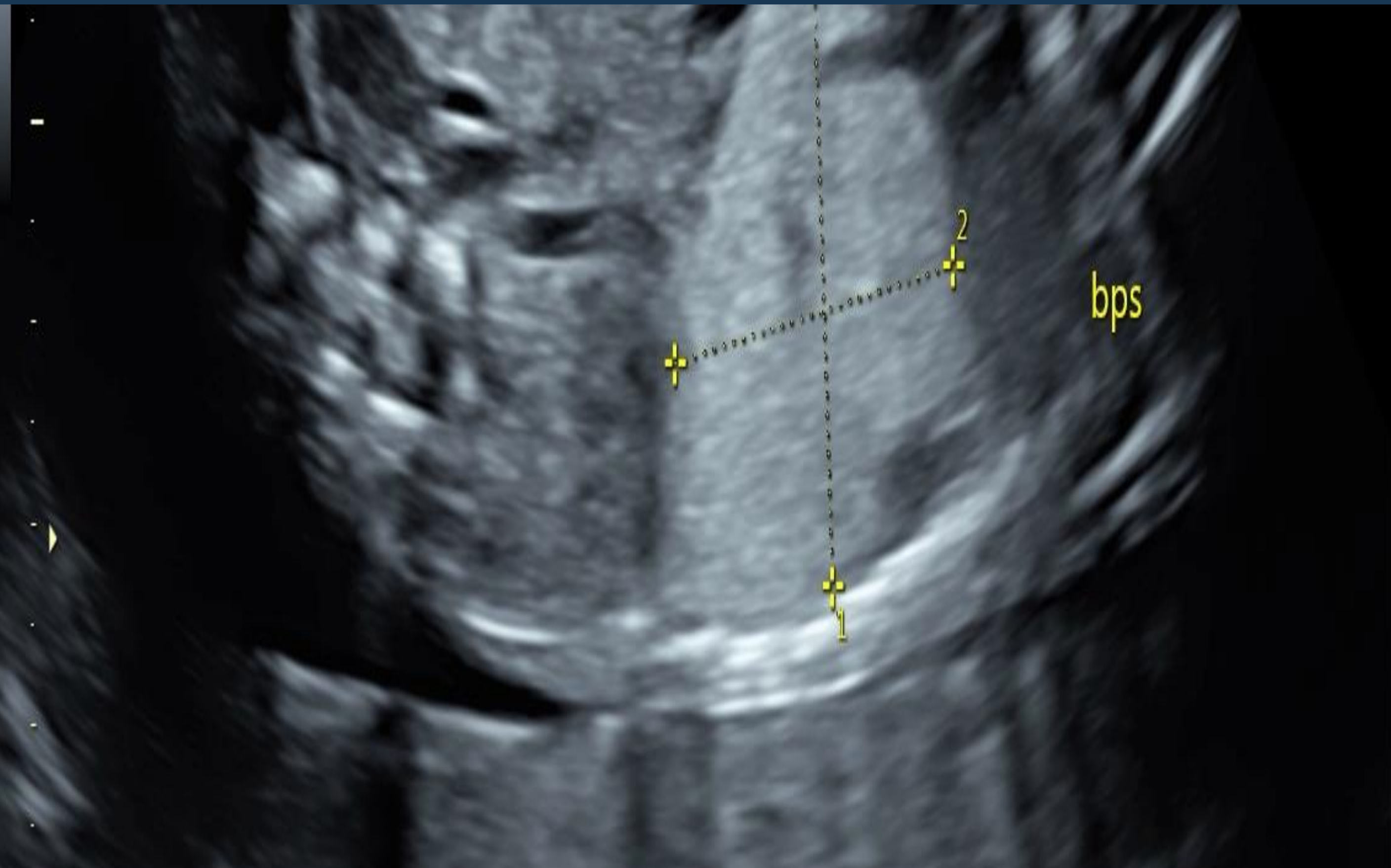


Figure 2. Right pulmonary sequestration measuring 27.69 × 20.81 mm.

