Friedel 70839 Gerlingen, Germany; Thomas Kyriss, A. Sibylle Maier, Godehardally bizarre hyperinflation results in a compression of healthy lung areas, pathological perfusion changes in the diseased lung sections, their occasion-
in the hypoplastic arterial development observed. Besides the described pathological perfusion changes in the diseased lung sections, their occasion-
ally bizarre hyperinflation results in a compression of healthy lung areas, ultimately causing their atelectases. In one case, a middle lobe Swyer–James–MacLeod syndrome caused complete chronic atelectasis of the healthy right upper lobe. The patient’s afflictions and medical condition are deteriorated accordingly. Radiologists and thoracic surgeons alike may be misguided by computed tomography scans of these patients, feigning two non-coherent pathologies.

Reference


eComment: Diagnostic and surgical considerations in Swyer–James–MacLeod syndrome

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We read with great interest the article by Sulaiman et al. [1] regarding a case of a patient with Swyer–James–MacLeod syndrome and we would like to congratulate them and highlight a few points.

Swyer–James–MacLeod syndrome is morphologically characterized by the presence of constrictive bronchiolitis with dilatation and destruction of alveolar structures, resulting in significant air trapping and lung hypop-
fusion. The main pathogenetic factor seems to be acute bronchiolitis with obliteration of small airway in childhood [2].

Ventilation perfusion (VQ) scan is very helpful in determining the extent of the disease and correlates well with high resolution computed tomo-
graphy (HRCT) which seems to be the most valuable technique. The volume and antero-posterior attenuation gradient of the affected lung, size and distribution of central and peripheral pulmonary arteries, air trapping, the patency of main airways and presence of bronchiectasis are investigated. The appearance of the lungs on forced expiration is important in the assessment of Swyer–James–MacLeod syndrome with HRCT and therefore the patient’s cooperation is essential. The patient should be placed in the prone position to help identify the typical mosaic pattern of the syndrome.

Surgical treatment is predicated upon the principle that a reduction in lung volume can favorably affect the mechanics of the diaphragm, chest wall and airways. Video-assisted thoracic surgery techniques could be very useful and effective [2].

References


References