

TENSION CYST OF THE UPPER LOBE OF LEFT LUNG WITH MIGRATION INTO THE SOFT TISSUE OF THE NECK AND TRUNK: A CLINICAL CASE

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Abstract

According to literature data the prevalence of lung cysts is 2,9–5,3 % of cases among all patients with respiratory disease.

From the practical point of view the distribution of cysts with complicated or uncomplicated clinical course is of great importance. The following conditions belong to the complications of lung cyst: purulent disease, hemophthisis or lung bleeding, pleurisy pneumothorax, pleural empyema with bronchial fistula, compressive syndrome. The last one develops due to valve mechanism in the draining bronchus, leading to the increasing pressure into the cyst cavity and its tension. The cyst quickly grows in size, compressing the surrounding lung segments and causes the shift of mediastinum structures. The clinical presentation of tension lung cyst reminds those observed in valvular pneumothorax (dyspnea, tachypnoea, cyanosis, overflow of neck veins, tachycardia). The severity of condition in these patients is determined by respiratory failure and circulation disturbances.

If the wall of the cyst is too thin it could hardly be visualized at chest radiogram. Hence, the patients with tension lung cyst may not receive proper care for a long time (even for tens of years).

There is no unified approach for the management of such the cysts, especially in uncomplicated clinical course. The surgical treatment remains the leading method. Due to wider implementation of less invasive techniques in thoracic surgery, the physicians more frequently chose this option even in uncomplicated cases.

Current report presents the description of clinical case of uncomplicated tension cyst of upper lobe of left lung, migrating into the soft tissues of neck and trunk.

This case gives a perfect example of challenge in management of current pathology, because of its clinical polymorphism and the lack of commonly accepted treatment approach. Wider use of minimal invasive thoracic surgery methods is recommended in management of uncomplicated tension lung cysts.

Key words: tension lung cysts, thoracic surgery, clinical case.

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