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Prenatal and postnatal management of congenital bronchial atresia (CBA): Single tertiary center report

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Purpose: To summarize our diagnosis and management experience of congenital bronchial atresia (CBA).

Methods: A retrospective review was conducted and clinical data were collected of all patients with CBA.

Results: Among the 9 patients (5 males and 4 females), 6 cases with right side and 3 cases with left side, including 1 patient with mainstem bronchial atresia (MBA), 2 cases with lobar bronchial atresia (LBA), 6 cases with segmental bronchial atresia (SBA). Eight were diagnosed as congenital cystic adenomatoid malformation (CCAM) type □ by ultrasound (US) in prenatal. The MBA patient was diagnosed by CT and bronchofibroscopy, only 2 patients by pathological findings and the other 6 patients by CT. Five cases were accompanied by CCAM, 1 case with bronchopulmonary sequestration (BPS), 2 cases with emphysema. Eight cases except MBA were underwent thoracoscopic surgery treatment, and had favorable prognosis. Two cases with LBA merged with complication of pectus excavatum after surgery. One case with MBA had no surgery, and died 13 days old.

Conclusions: CBA is an easily misdiagnosed disease from pathologic conditions. Definitive diagnosis of this condition depends on combination CT or clinical pathologic diagnosis. Thoracoscopic resection is a safe and feasible treatment of CBA in experienced hands.

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