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A Rare Cause of Congenital Lober Emphysema (McLeod Syndrome): Lung Tuberculosis

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Introduction: Congenital lobar emphysema (CLA) is a rare bronchopulmonary malformation usually seen in the first 6 weeks of life, characterized by a hyperinflation and air trapping in a lobe and sometimes in a segment. Less than 5% of cases are diagnosed later than 6 months. Differentlly from acquired emphysema, there is no tissue damage in CLA. Both normal asinuses and overgrown alveoli are present. The ethiology is unknown in about half of the patients. The most common reasons are reported as: congenital cartilage defects (25%). In the remaining 25% of cases, abnormal mucosal fold causing bronchial obstruction, abnormal cardiopulmonary vascularization with mucous plaques, rarely intrathoracic masses are involved in the etiology. We present an adult CLA case, who was diagnosed as CLA probably due to previous pulmonary tuberculosis.

Case Presentation: A 42-year-old male patient who is admitted with complaints of increased cough in the last 2 weeks. On the chest X-ray, heterogeneous density increase was observed in upper right lobe. Sputum Acid-fast bacilli (AFB) examination was reported negative. The lesion did not response antibiotherapy, thoracic tomography was performed. In the right upper lobe, irregularly limited nodular lesion and right middle and lower lobe emphysema were observed. Fiberoptic bronchoscopic (FOB) examination was performed. There was any endobronchial lesion was detected. The bronchoalveolar lavage (BAL) sample was reported negative for AFB examination. The patient's nodular lesion was evaluated as sequelae of pulmonary tuberculosis. The patients was diagnosed as CLA, due to previous pulmonary TB, and followed without TB treatment.

Conclusion: This case was presented to emphasize that, although it is not frequent, pulmonary tuberculosis should be considered in some adult CLA patients.

Keywords: McLeod syndrome, emphysema, previous pulmonary tuberculosis