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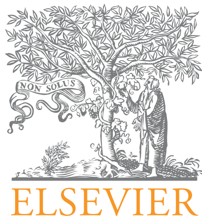

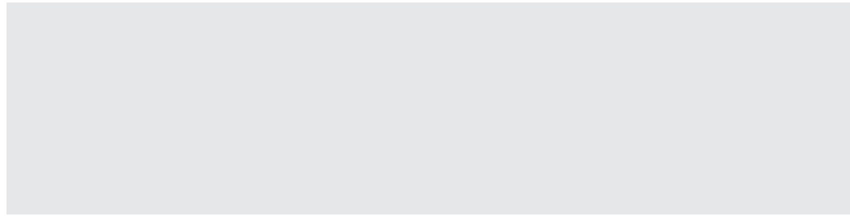

CLINICOPATHOLOGICAL CASE

Tracheal stenosis and unilateral pulmonary aplasia

Estenosis traqueal y aplasia pulmonar unilateral

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1. Summary of the clinical history (A-12-09)

We present the case of a male patient at 12 weeks of age at the time of his last admission to the emergency room.

1.1. Family hereditary history

The patient's mother is a healthy 20-year-old with a high school education. The father is 21 years of age, works as a mason, and reports tobacco consumption, alcohol and marijuana use.

1.2. Non-medical personal history

The family is originally from Huixquilucan, Mexico and represents a low-medium socioeconomic status. The patient was fed exclusively breast milk. His psychomotor development was normal. He had vaccines current for age (BCG, hepatitis B, pentavalent, rotavirus, pneumococcus).

1.4. Perinatal and medical history

During pregnancy the mother had a threatened abortion associated with cervicovaginitis for which she received treatment. The baby weighed 2650 g at birth with a length of 47 cm and Apgar score 8/9.

At 8 days of life the patient had a neonatal sepsis with a pneumonic focus (management is unknown). Left lung agenesis was diagnosed and the patient was referred to the Hospital Infantil de Mexico Federico Gómez. At 7 weeks of life, direct laryngoscopy was done and tracheal stenosis of 50% caliber was found. The right bronchus was of normal caliber and the left ended in a blind pouch. The following day the patient was brought to the emergency department because of fever, pallor and cough. He had difficulty breathing and systemic hypoperfusion. Mechanical ventilation was initiated via an endotracheal cannula with crystalloids and inotropic infusion. Mediastinitis was suspected because of the history of endoscopy and

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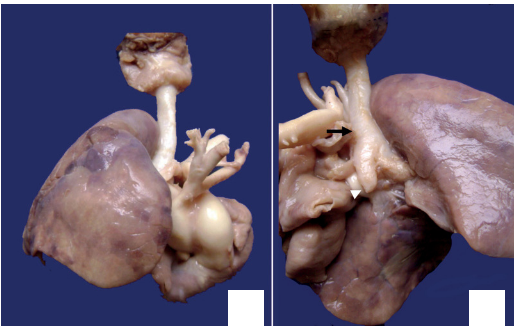

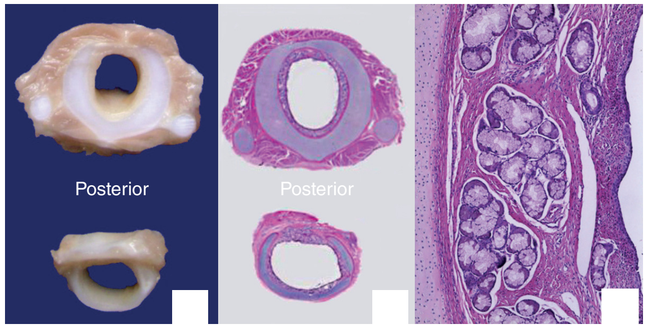
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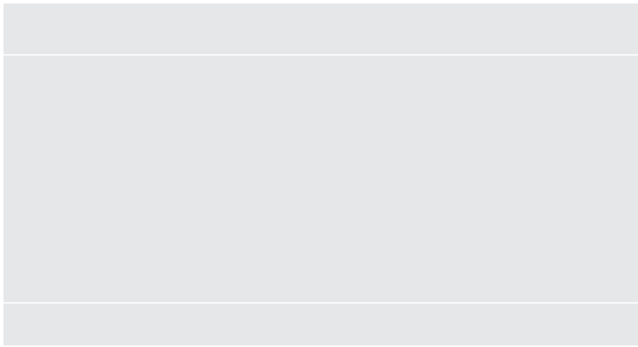

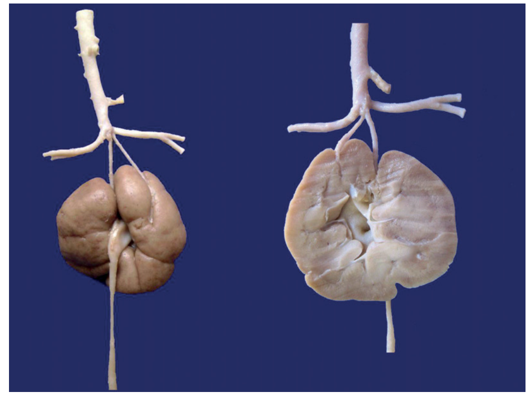

Figure 4 Anterior and posterior aspects of the fused kidneys. Ureter originates from the collecting system. The renal arteries originate from the terminal aorta.

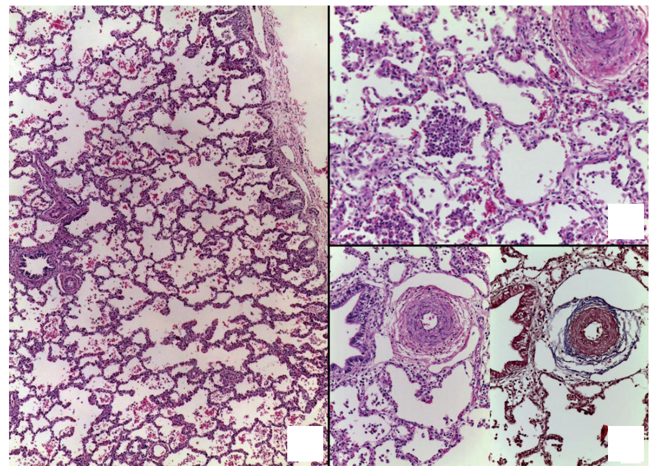

Figure 5 (A). Well-developed lung parenchyma (HE ×20). (B) Area of pneumonia with multiple intra-alveolar polymorphic nuclei. (C) Hyperplasia of the media and increased connective tissue in the adventitia of the arteries secondary to pulmonary vascular disease.