MEGA JOURNAL OF CASE REPORTS

OPEN ACCESS

Clinical Image

Compiled Date: August 02, 2025

Spontaneous Pneumothorax in Patient with Azygose Lobe

Baldassare Mondello*, Abdal Rahman Abu Farhan, Messinó Massimino and Francesco Luca Plutino

Unit of Thoracic Surgery, Grande Ospedale Metropolitano di Reggio Calabria, 89124 Reggio Calabria, Italy

***Corresponding author**: Baldassare Mondello, Director of Unit of Thoracic Surgery, Grande Ospedale Metropolitano di Reggio Calabria, 89124 Reggio Calabria, Italy

Clinical Image

A twenty-one-year-old man with a massive right spontaneous pneumothorax was promptly drained, but due to persistent failure of the lung to re-expand, he underwent a chest CT, which revealed the presence of an accessory azygos lobe in the upper lobe of the right lung. Azygous lobe is a rare anatomical variant of the upper lobe of the lung, resulting from an atypical course of the azygous vein during embryogenesis, with an anomalous penetration into the lung. The onset of a spontaneous pneumothorax in a subject with an azygous lobe is extremely rare, likely due to a potential protective effect of the azygous lobe on the development of pneumothorax. It is essential to diagnose the presence of an azygous lobe before surgery to prevent the risk of injury to the vein.

Thoracoscopic ablation of a large emphysematous bulla responsible for the pneumothorax was performed, along with pleural scarification to prevent recurrence **(Figure 1-3)**.

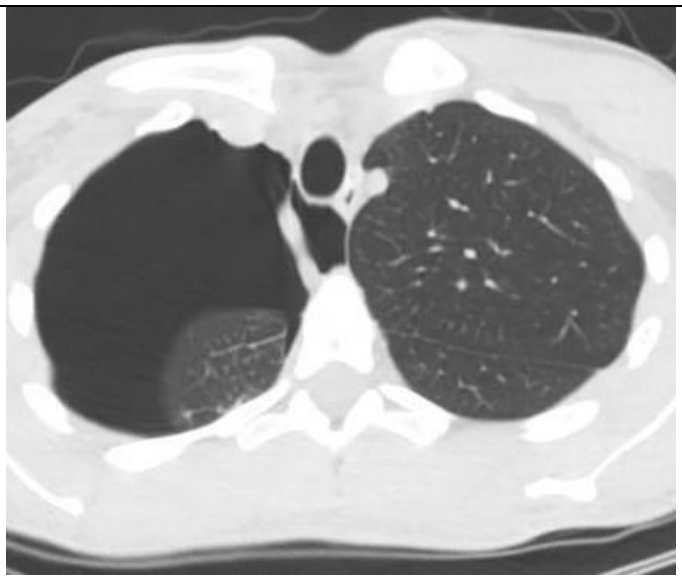

Figure 1: Chest computed tomography revealing large persistent pneumothorax after pleural drainage and azygous lobe.

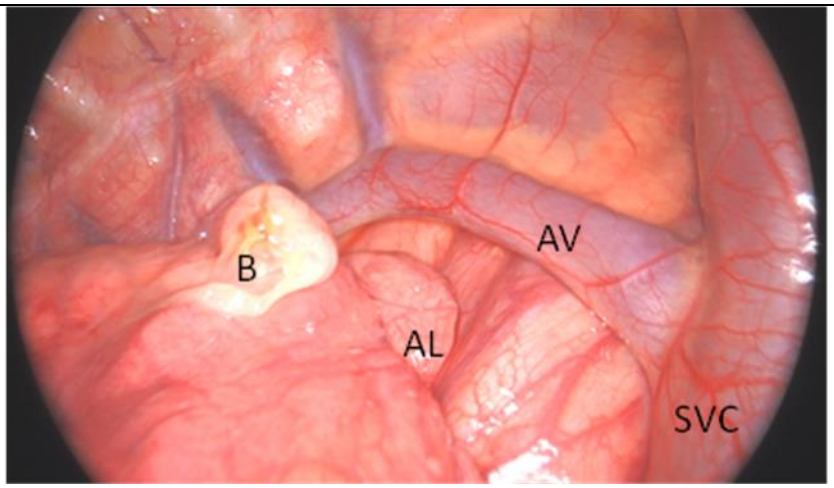

Figure 2: Thoracoscopic view revealing an bulla (B) in the lung apex and azygous lobe (AL). AV, azygous vein. SVC, superior vena cava.

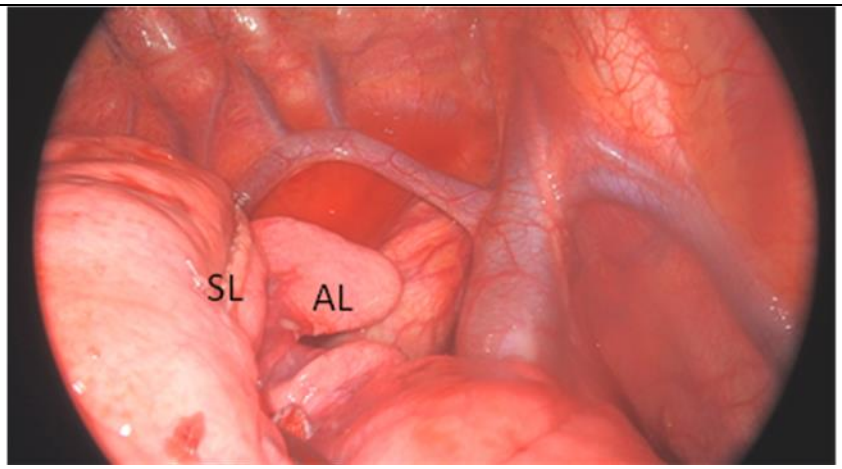

Figure 3: Thoracoscopic view after pulmonary bullectomy. AL, azygous lobe. SL, suture line.

Citation of this Article

Mondello B, Abu Farhan AR, Massimino M and Plutino FL. Spontaneous Pneumothorax in Patient with Azygos Lobe. Mega J Case Rep. 2025;8(8):2001-2003.

Copyright