










Bronchial anomaly with connection of the right upper lobe bronchus to the trachea

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Figure 1 shows an image of a bronchoscopy with a view of the carina. Examination shows a bronchial anomaly with a connection of the right upper lobe bronchus to the trachea. This is the case of a 59-year-old woman complaining of pain in the right hemithorax after mild COVID-19 infection, presenting with heterogeneous opacity and cavitation in the right lung apex on chest X-ray and with negative tests for tuberculosis.

Bronchoscopy is an important method of etiological and anatomical diagnosis of respiratory system pathologies.¹ Its emergence allowed the study of the anatomical characteristics of the airways and their correlation with respiratory symptoms.^{1,2} Bronchoscopy data led to the finding of a greater presence of bronchial anomalies involving the right upper lobe bronchus.³ However, an abnormal bronchial origin of the trachea is a rare event compared to other cataloged alterations.

In the right upper lobe, the presence of a tracheal bronchus is estimated between 0.1 to 2% in bronchographic studies, while the presence of a tracheal bronchus supplying the entire right upper lobe has a frequency of 0.2% and is called porcine bronchus.^{4,5} Such alteration is usually asymptomatic, being discovered by imaging tests such as computed tomography or bronchoscopy, which does not rule out the possibility of causing complications to the patient's respiratory health.²

It is known that the bronchial bifurcations constitute one of the defense mechanisms of the respiratory tree, contributing to the retention of secretions and their subsequent elimination by the cells of the immune system and by the hair cells of the airways. Thus, respiratory stress symptoms appear when bronchial vascular abnormalities are present, with symptoms ranging from the presence of recurrent infections, chronic cough, hemoptysis, and stridor.^{1,2,5}

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Thus, knowledge of bronchial abnormalities is important both for health professionals who work in respiratory endoscopy and thoracic radiology and for physicians who work in the treatment of respiratory tract disorders.

Figure 1. Bronchoscopy showing a connection of the right upper lobe bronchus with the trachea at the level of the carina.



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