Remarks on the International Nomenclature of Bronchopulmonary Segments

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Establishment of the International Nomenclature on Bronchopulmonary Segments by a committee of the International Congress of Oto-Rhino-Laryngology, London, 1949, was welcomed as an important progress. The writer, not being present at the meeting in London, was not in a position to give his opinion. He learned of the agreement from the paper of Huizinga, Practica Oto-Laryngologica 12:109, 1950. He sent his remarks, in German, to Practica, where they were not accepted. They were consequently published in: Magyar Sebészet (Hungarian Surgery), 1950, in Hungarian, and in German, in the Monatsschrift fuer Ohrenheilkunde und Laryngo-Rhinologie, 85:55, 1951. The international nomenclature was criticized by Boyden (Diseases of the Chest, 23:266, 1953). From this paper the writer learned that the problem is still a timely one and not definitely settled.

In his two papers, mentioned above, the writer stated that the nomenclature of Jackson-Huber seemed to him more correct than the nomenclature of the Committee, because Jackson and Huber did not make concessions in anatomical principle and included only segmental bronchi in their nomenclature. The international nomenclature included two subsegmental bronchi—the left first and second—disregarding other subsegmental bronchi at least as important as these two branches. Such are: the axillary (lateral) bronchi of the upper lobes, the subsuperior (subapical, second dorsal) branches of the lower lobes and the medial basal bronchus of the left lower lobe. The writer’s opinion was that these segmental bronchi should not have a place in a nomenclature. On a basis of similar arguments, Boyden discussed the same points as the writer, asking whether it “may not be advisable to hold to the Jackson-Huber terminology until such a time as an official international committee can deal with these problems.” The writer agrees with this proposal, as a greater number should be given opportunity to express an opinion on the subject.

The writer, in his above mentioned paper, stated that until now classification was carried out on the basis of three principles:
1. The term should correspond to the lobe as an anatomical unit.
2. The term should correspond to the lung as an anatomical unit.
3. The bronchopulmonary segments should be named according to the contact organs.

The international nomenclature uses all of these three ways, although simultaneous application of two of them is disputable. In the opinion

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of the writer, the term is correct if it corresponds to the lung as an anatomical unit. Boyden, in another connection, emphasized the necessity of "the lung to be considered as a whole."

Application of the term "apical" to the superior segments of the lower lobes was already criticized by the writer in his paper "The Bronchial Tree: A Classification and Nomenclature, Acta Oto-Laryngologica 37:355, 1949," in the following way: "The term 'Apical' is not correct when used regarding the lower lobe. It should be reserved for the very apex of the entire lung. On the other hand, it is not correct to speak about 'basal segments' when discussing the upper lobes." It is gratifying that Boyden is of the same opinion.

The correspondence of the opinions of Boyden with those of the writer should be clear from the foregoing. Boyden had no knowledge of the papers of the writer, and so it seems remarkable that, independently, the anatomist and the practitioner should have the same objections regarding the "international" nomenclature for the bronchopulmonary segments. By this fact, the suggestion of Boyden, that the international nomenclature should be further discussed and corrected, is supported.