Upper Lobe or Upper Division Bronchus

To the Editor:

I read with interest the review on adult congenital central airway anomalies by Mehta and colleagues in an issue of CHEST (July 2015). The authors describe trifurcation of the left main bronchus comprising the left upper lobe (LUL), and lingular and left lower lobe bronchi, as depicted in Figure 5B in their article.1

From the anatomic perspective, a normal LUL bronchus divides into an upper division bronchus and lingular bronchus.2 Lung parenchyma supplied by the lobar bronchus has its complete overlying pleura. Is the LUL bronchus in Figure 5B of the article by Mehta et al1 a true lobar bronchus or, in fact, the upper division of the LUL bronchus—a sublobar bronchus? The discrimination is important because accurate and precise airway terminology is essential for communication between bronchoscopists.

Li-Ta Keng, MD
Hsin-Chu, Taiwan

AFFILIATIONS: From the Department of Internal Medicine, National Taiwan University Hospital Hsin-Chu Branch.

CONFLICT OF INTEREST: None declared.

CORRESPONDENCE TO: Li-Ta Keng, MD, Department of Internal Medicine, National Taiwan University Hospital Hsin-Chu Branch, Hsin-Chu, Taiwan; e-mail: ltkeng@gmail.com

© 2015 AMERICAN COLLEGE OF CHEST PHYSICIANS. Reproduction of this article is prohibited without written permission from the American College of Chest Physicians. See online for more details.

DOI: 10.1378/chest.15-1632

References


Response

To the Editor:

The letter from Dr Keng demonstrates a great interest in nomenclature of airway anatomy based on our recent article in CHEST.1 In Figure 5B of our article, the corresponding chest CT scan showed no visible anatomic variation in both airways and lung parenchyma. A separate fissure in the left upper lobe lung parenchyma was absent. Therefore, the upper division left upper lobe bronchus is a sublobar bronchus along with left upper lobe-lingula bronchi.

Our article focused on anomalies of the airway. The knowledge of airway anatomy and its variations are crucial for bronchoscopists and thoracic surgeons for proper management of central airway diseases with stent placement or surgical resection.

Atul C. Mehta, MD, FCCP
Cleveland, OH
Danai Khemasuwan, MD, MBA
Murray, UT

AFFILIATIONS: From the Department of Pulmonary Medicine (Dr Mehta), Respiratory Institute, Cleveland Clinic; and the Respiratory Division (Dr Khemasuwan), Intermountain Healthcare.

CONFLICT OF INTEREST: None declared.

CORRESPONDENCE TO: Atul C. Mehta, MD, FCCP, Respiratory Institute, Cleveland Clinic, 9500 Euclid Ave, Cleveland, OH 44195; e-mail: mehtaa1@ccf.org

© 2015 AMERICAN COLLEGE OF CHEST PHYSICIANS. Reproduction of this article is prohibited without written permission from the American College of Chest Physicians. See online for more details.

DOI: 10.1378/chest.15-2047

References