

Middle lobe syndrome

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Middle lobe syndrome (MLS) is defined by chronic or recurrent atelectasis of the lobe.

The propensity of the middle lobe to collapse is explained by its anatomical characteristics: a) the origin of the middle lobe bronchus is often narrow and easily obstructed b) it is surrounded by lymph nodes whose enlargement by inflammation or tumor may cause extrinsic compression and c) the middle lobe is separated from the right upper and lower lobes by fissures and therefore has poor collateral ventilation from the surrounding areas.

The signs and symptoms depend on the speed of bronchial closure, the percentage of lung af-

ected and whether there is associated infection. There are various benign and malignant processes which have been implicated as causative factors. Among these, asthma is a recognized cause due to a tendency to mucus hypersecretion in these patients (up to 5-10% of patients hospitalized for asthma attacks present MLS).

Diagnosis is made by radiologic findings, where there is right edge blurring of the heart in the posteroanterior view and a shadow that is generally triangular in shape extending from the posterior edge to the anterior chest wall in the lateral view (Figure).

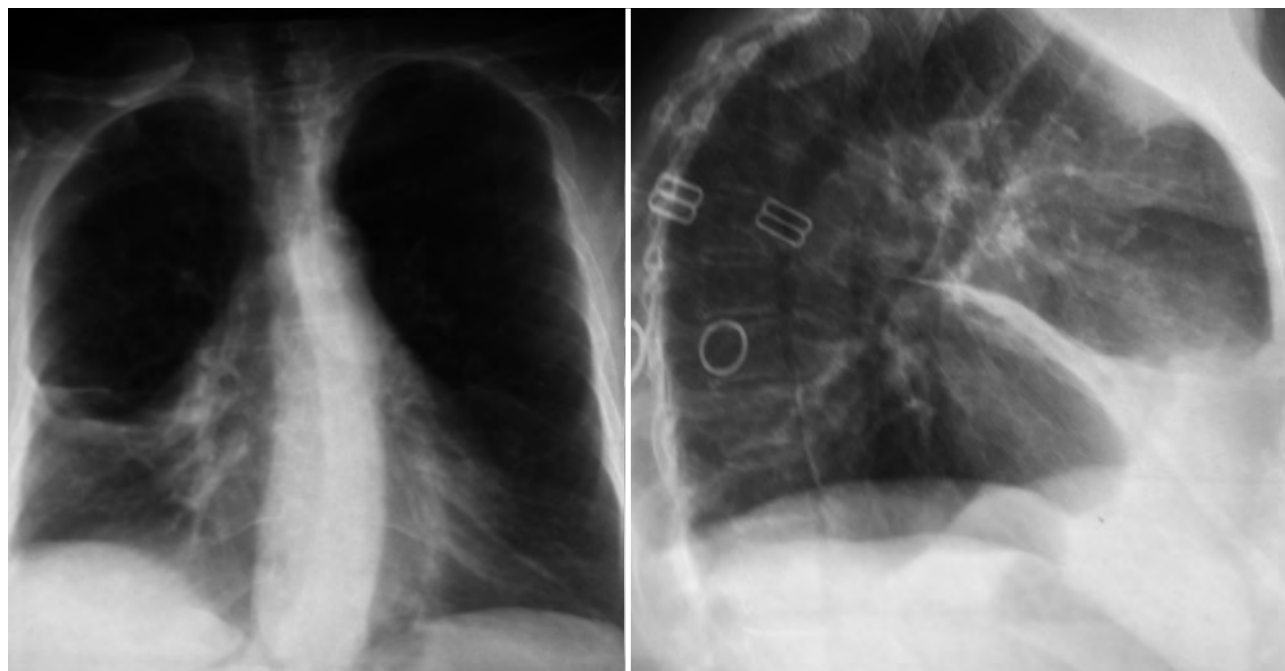


Figure 1. Typical chest X-ray of middle lobe syndrome.

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