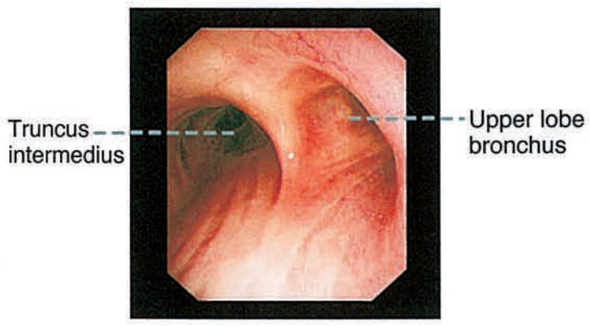
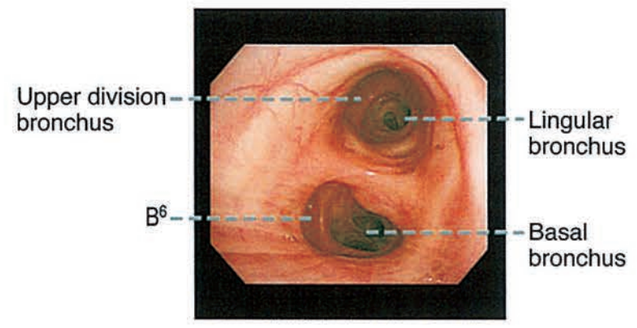
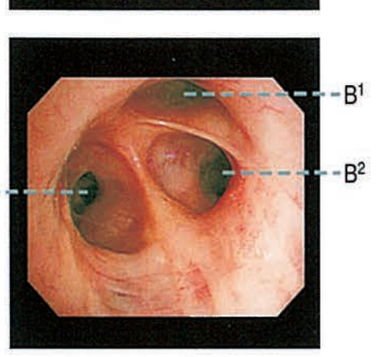
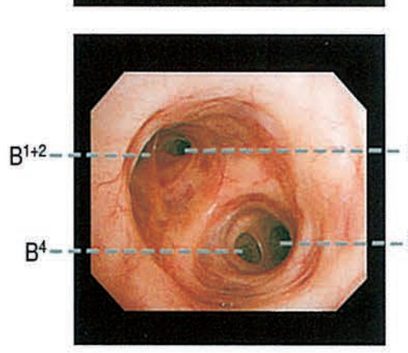
The Bronchus Through the Bronchovideoscope

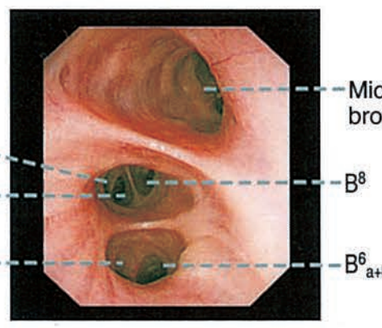
Normal and Abnormal Findings

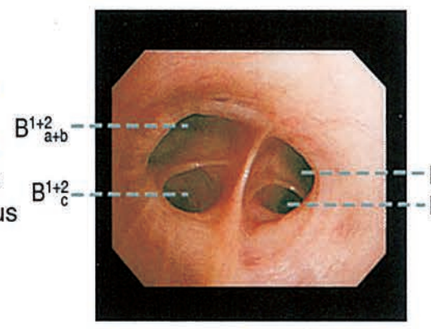


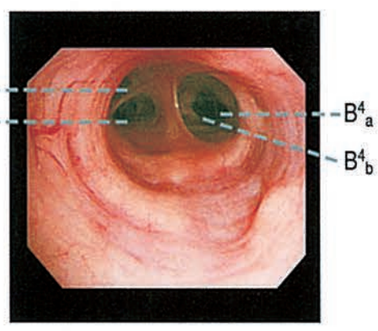


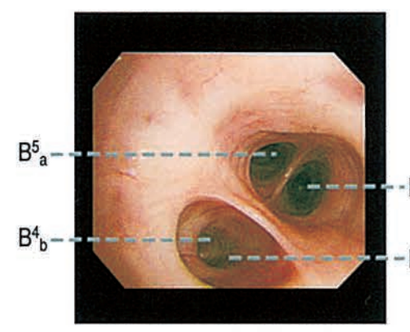


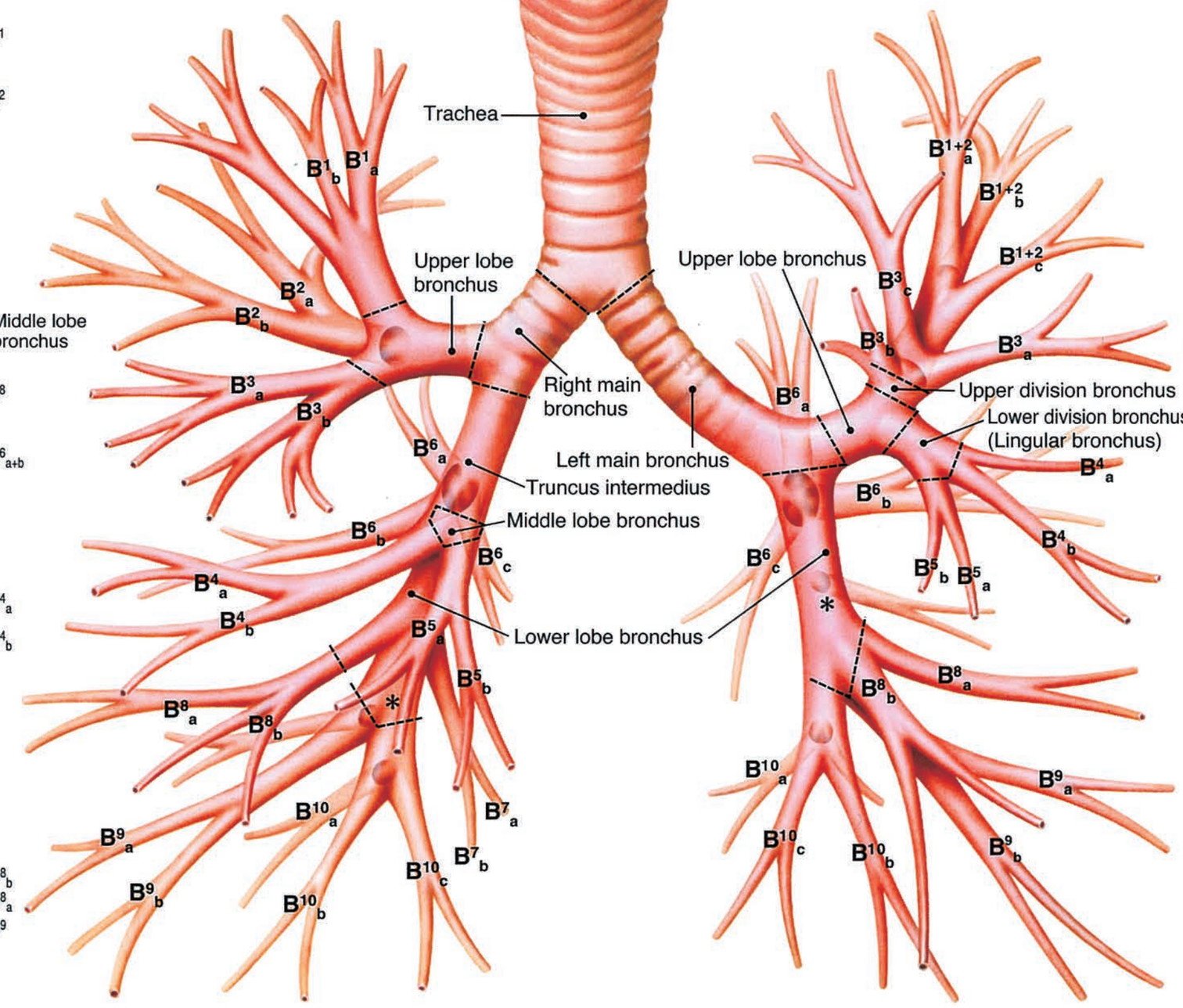






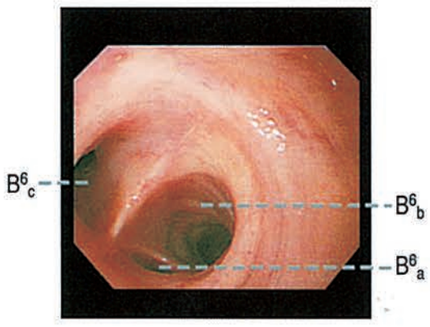


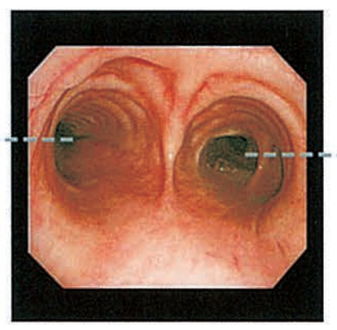


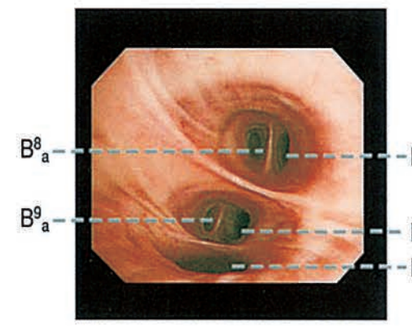


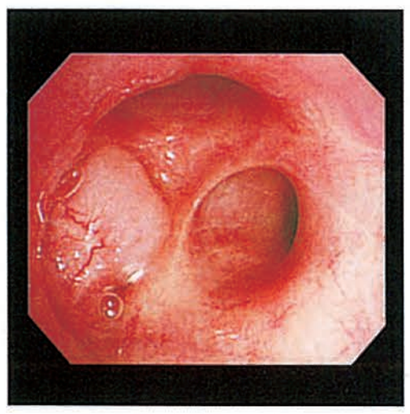
Right

Left



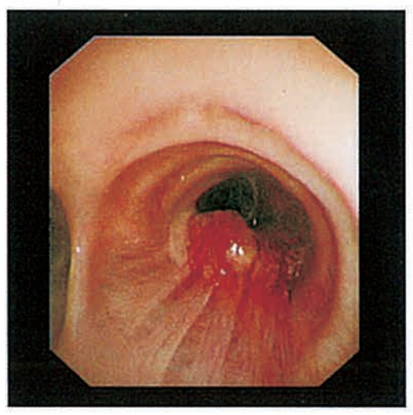




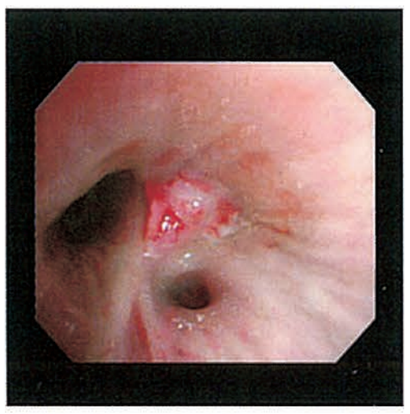


A 59-year-old man. Findings of the right upper lobe segmental bifurcation. B^3 is obstructed by a lid-like glossy and flat tumor. There are no findings of invasion to surrounding mucosa. The appearance suggests a benign tumor or a low malignancy epithelial tumor. It was surgically removed by a high-frequency snare and was diagnosed as bronchial lipoma.

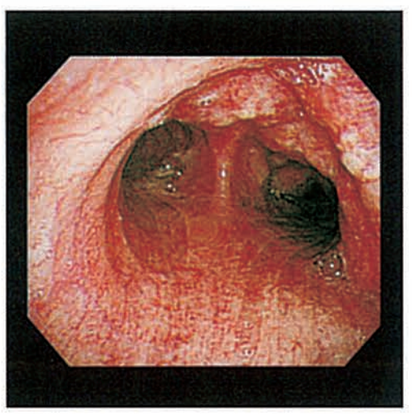
An 81-year-old woman. A nodular tumor covered by necrosis obstructs the left basal bronchus. It is the proximal tip of a tumor originating in the left lower lobe, proliferating endobronchially as a polyp. The upper left of the photograph shows a part of the left B^6. Poorly differentiated adenocarcinoma.



Squamous cell carcinoma originating in the right lower lobe bronchus in a 66-year-old man. A nodular protrusion type tumor projects from the membranous portion of the right main bronchus. The surface of the tumor bleeds easily and irregular depressions and protrusions are recognized. The membranous portion which continues to the base of the tumor, contains invasion of the extra muscular layer, and the mucosal longitudinal folds are elevated.



A 56-year-old man. Left B^3_{b+c} is obstructed by a nodularly protruding tumor. The longitudinal folds that continue to the tumor are compressed and thickened, indicating intramural invasion. This suggests that the tumor originated peripherally and invaded from beyond the bronchial wall, with endobronchial growth in part. Squamous cell carcinoma.



A 68-year-old man was referred for common cold-like symptoms and middle lobe syndrome was diagnosed clinically. This shows the carina viewed from the trachea. The lesion extended widely as multiple nodular protrusions from the anterior wall of the trachea to the right lower lobe bronchus. Biopsy yielded a diagnosis of primary tracheo-bronchial amyloidosis.

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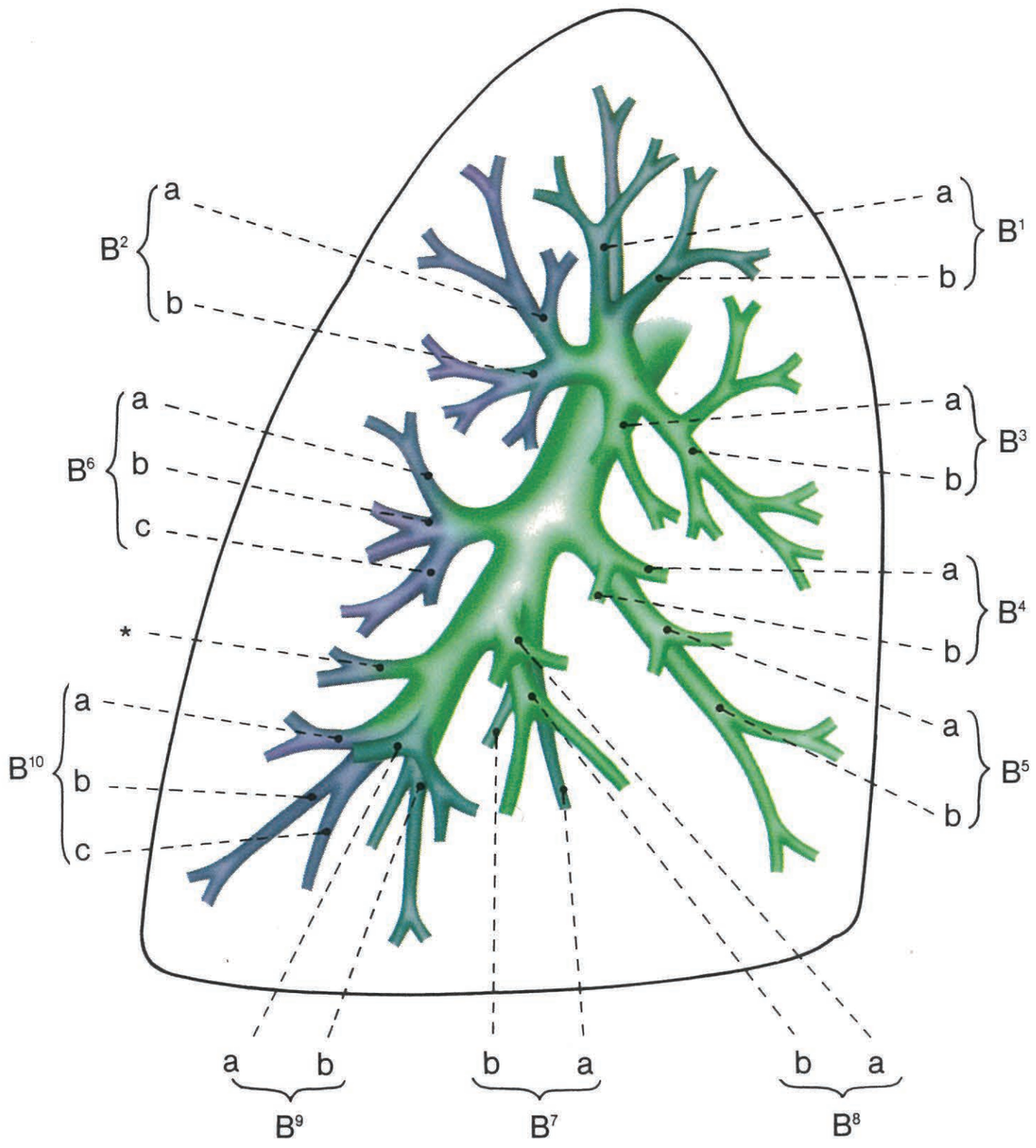
Kenkichi Oho, M.D., Ph. D.
Kazuyo Matsukawa, M.D., Ph. D.
Shinkawabashi Hospital, Kawasaki, Japan

Right lateral



Upper Lobe

- B¹: R. apicalis
  - a. Rm. apicalis proprius
  - b. Rm. subapicalis ventralis
- B²: R. lobi superioris dorsalis
  - a. Rm. subapicalis dorsalis
  - b. Rm. lobi sup. horizontalis
- B³: R. lobi superioris ventralis
  - a. Rm. lobi sup. ventr. lateralis
  - b. Rm. lobi sup. ventr. medialis

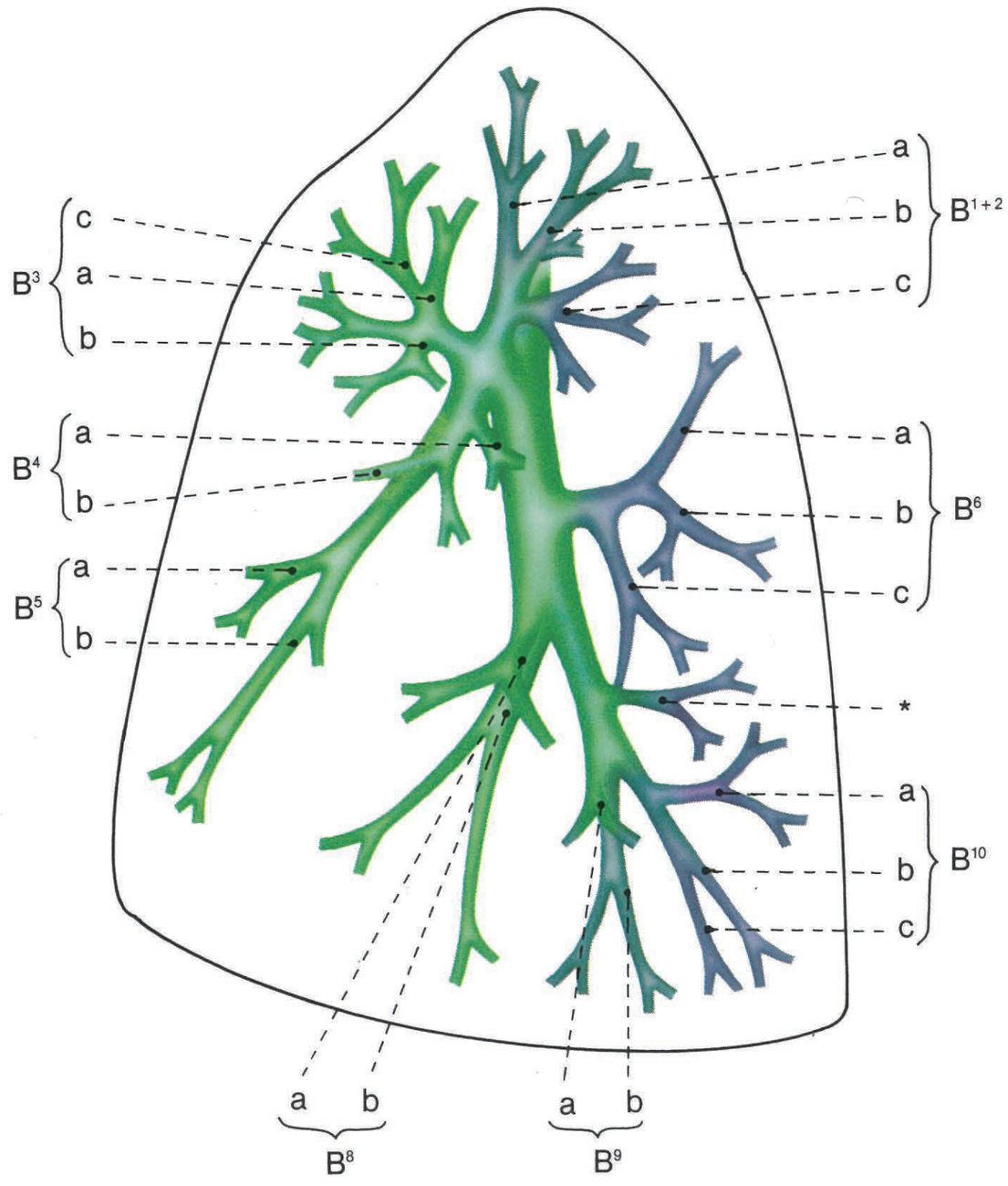
Middle Lobe

- B⁴: R. medius lateralis
  - a. Rm. lateralis
  - b. Rm. medialis
- B⁵: R. medius medialis
  - a. Rm. superior
  - b. Rm. inferior

Lower Lobe

- B⁶: R. lobi inferioris superior
  - a. Rm. superior
  - b. Rm. lateralis
  - c. Rm. medialis
- B*: R. lobi inferioris subsuperior
- B⁷: R. mediobasalis
  - a. Rm. ventralis
  - b. Rm. dorsalis
- B⁸: R. ventrobasalis
  - a. Rm. lateralis
  - b. Rm. basalis
- B⁹: R. laterobasalis
  - a. Rm. lateralis
  - b. Rm. basalis
- B¹⁰: R. dorsobasalis
  - a. Rm. dorsalis
  - b. Rm. lateralis
  - c. Rm. medialis

Left lateral



Upper Lobe

- (Upper division bronchus)
  - B¹⁺²: R. apicodorsalis
    - a. Rm. apicalis
    - b. Rm. subapicalis dorsalis
    - c. Rm. lobi sup. horizontalis
  - B³: R. lobi superioris ventralis
    - a. Rm. lobi sup. ventr. lateralis
    - b. Rm. lobi sup. ventr. medialis
    - c. Rm. lobi sup. ventr. superior
- R. lingualis
  - B⁴: R. lingualis superior
    - a. Rm. lateralis
    - b. Rm. ventralis
  - B⁵: R. lingualis inferior
    - a. Rm. superior
    - b. Rm. inferior

Lower Lobe

- B⁶: R. lobi inferioris superior
  - a. Rm. superior
  - b. Rm. lateralis
  - c. Rm. medialis
- B*: R. lobi inferioris subsuperior
- B⁸: R. ventrobasalis
  - a. Rm. lateralis
  - b. Rm. basalis
- B⁹: R. laterobasalis
  - a. Rm. lateralis
  - b. Rm. basalis
- B¹⁰: R. dorsobasalis
  - a. Rm. dorsalis
  - b. Rm. lateralis
  - c. Rm. medialis

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