History
"Suprarenal" mass on prenatal ultrasound.

Diagnosis
Congenital Pulmonary Airway Malformation

Additional Clinical
Pathology—Congenital pulmonary airway malformation, adenomatoid type.

Discussion
Congenital pulmonary airway malformation, formerly referred to as congenital cystic adenomatoid malformation, is classified by cyst size and histologic resemblance to segments of the developing bronchial tree and airspaces. There are 5 types: Type 0 has a tracheal or bronchial origin and is really acinar dysgenesis or dysplasia, Type 1 has a bronchial or bronchiolar origin and has large cysts, Type 2 has a bronchiolar origin and small cysts, Type 3 has a bronchiolar–alveolar duct origin (adenomatoid type), and Type 4 has a distal acinar origin (the “unlined” cyst lesion). A CPAM may communicate with the proximal airways, although this communication is abnormal. Most CPAMs derive their blood supply from the pulmonary artery and drain via the pulmonary veins; systemic arterial supply can be seen in macrocystic CPAMs, especially small cyst CPAMs (these lesions are often referred to as hybrid lesions since they demonstrate histologic and imaging features of both a CPAM and bronchopulmonary sequestration). A fast-growing CPAM may cause mediastinal shift and subsequent development of polyhydramnios and hydrops.

Findings
Prenatal MR-T2 hyperintense lesion bounded inferiorly by the diaphragm.
US—Immediate postnatal scan demonstrates an echogenic intrathoracic mass with few small cysts; systemic arterial supply demonstrated on Doppler.
CT—Examination performed at 6 months of age shows the hypodense left lower lobe lesion to be slightly smaller.

Reference
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