



CS001

Cardiothoracic Surgery & Interventions • Oral Presentation

PULMONARY METASTATECTOMY IN THE PRESENCE OF CONGENITAL ABSENCE OF THE RIGHT MIDDLE LOBE

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Background: Lung metastatectomy improves long-term survival in selected patients with isolated colorectal cancer (CRC) lung metastases. However, rare anatomical variations, such as congenital absence of the right middle lobe (RML), can complicate intraoperative management and necessitate surgical adjustments. We report a successful pulmonary metastatectomy in a patient with this rare variation, along with a literature review.

Case Presentation: A 52-year-old woman with a history of curative rectosigmoid adenocarcinoma treatment presented with a solitary FDG-avid pulmonary nodule on PET/CT three months post-colectomy and chemotherapy. With no extrapulmonary disease, she was scheduled for pulmonary metastatectomy. Thoracotomy revealed the unexpected congenital absence of the RML, leaving only upper and lower lobes. A right lower lobectomy was performed to resect the nodule located near the inferior pulmonary vein. Histopathology confirmed metastatic adenocarcinoma. The postoperative course was uneventful, and she remained under multidisciplinary oncologic surveillance.

Discussion: While pulmonary metastatectomy remains the preferred approach for isolated CRC lung metastases, this case highlights the need for thorough preoperative imaging, awareness of rare anatomical anomalies, and intraoperative adaptability to ensure clear surgical margins. Congenital absence of the RML is exceptionally rare and seldom reported in metastatectomy literature.

Conclusion: Pulmonary metastatectomy can be safely executed despite unexpected congenital lung variations. Awareness of such anomalies is crucial for surgical planning and optimal oncologic outcomes.

Keywords: colorectal cancer; lung metastatectomy; congenital pulmonary anomaly; absence of right middle lobe; lung anatomical variation; case report.