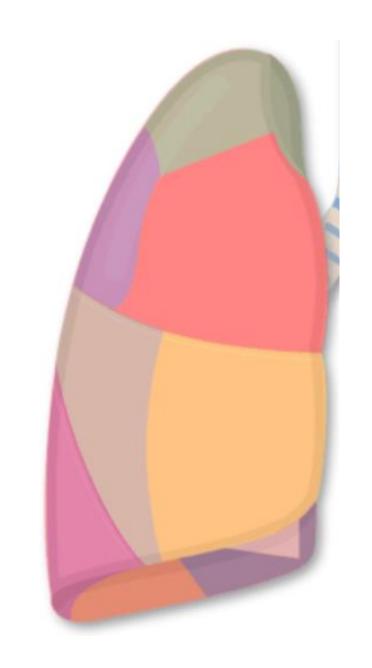
# The Right Lower Lobe

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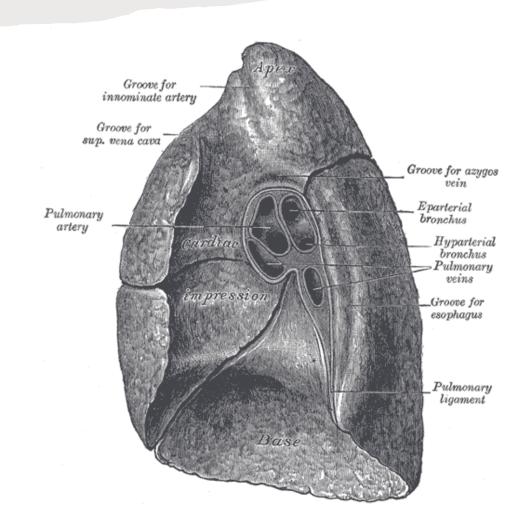
Thoracic Surgery Sub-Internship

Preceptors: Dr. Henning Gaissert MD, Dr. Dean Donahue, MD



### Background

- Separated from the right upper lobe superiorly
- Separated from the right middle lobe anteriorly
- Right oblique fissure (and horizontal fissure)
- Accounts for approximately 27% of total lung
  - over 1 L in most adults
- Subdivided into 5 bronchopulmonary segments
  - Defined as a portion of lung supplied by a specific a specific segmental bronchus







Correlated Applied Anatomy of the Bronchial Tree and Lungs With a System of Nomenclature\*

CHEVALIER L. JACKSON, M.D., F.C.C.P., and JOHN FRANKLIN HUBER, M.D., Ph.D.

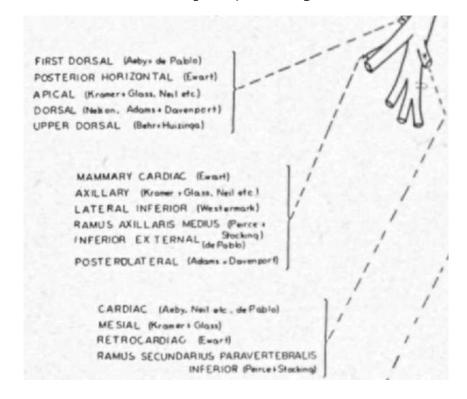
Philadelphia, Pennsylvania





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## Correlated Applied Anatomy of the Bronchial Tree and Lungs With a System of Nomenclature\*

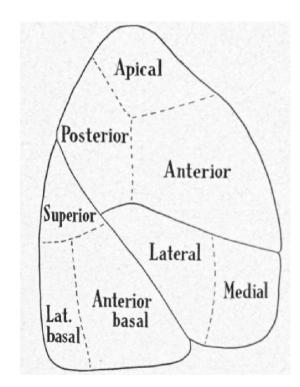
CHEVALIER L. JACKSON, M.D., F.C.C.P., and JOHN FRANKLIN HUBER, M.D., Ph.D. Philadelphia, Pennsulvania

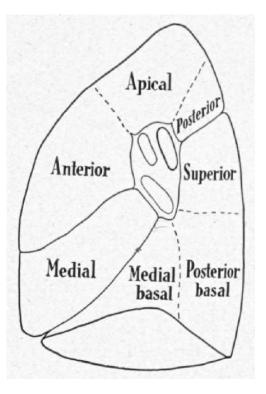
RIGHT LUNG

LOBES SEGMENTS

Apical
Posterior
Anterior

Lateral
Middle Superior
Medial Basal
Anterior Basal
Lateral Basal
Posterior Basal









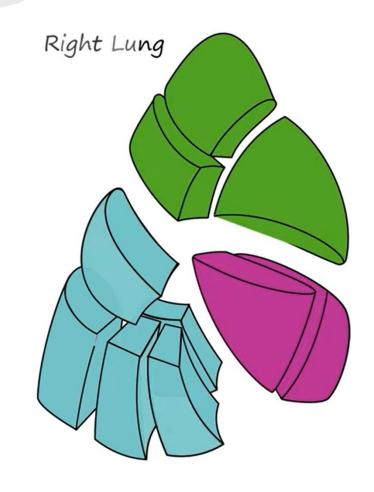
https://archive.org/details/Bro nchopulmonarysegmentsPart1 -wellcome

### Bronchopulmonary segments

• Superior segment (S6)

Plus four basal segments:

- Medial segment (S7)
- Anterior segment (S8)
- Lateral segment (S9)
- Posterior segment (S10)



### Tracheobronchial Tree

Trachea

 $\downarrow$ 

Right main bronchus

 $\downarrow$ 

Bronchus intermedius

J

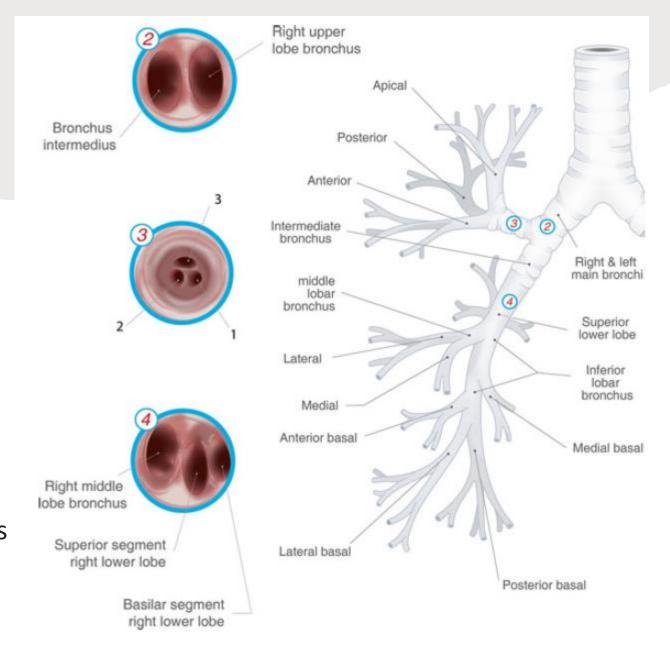
 $\downarrow$ 

Sup. lower lobe

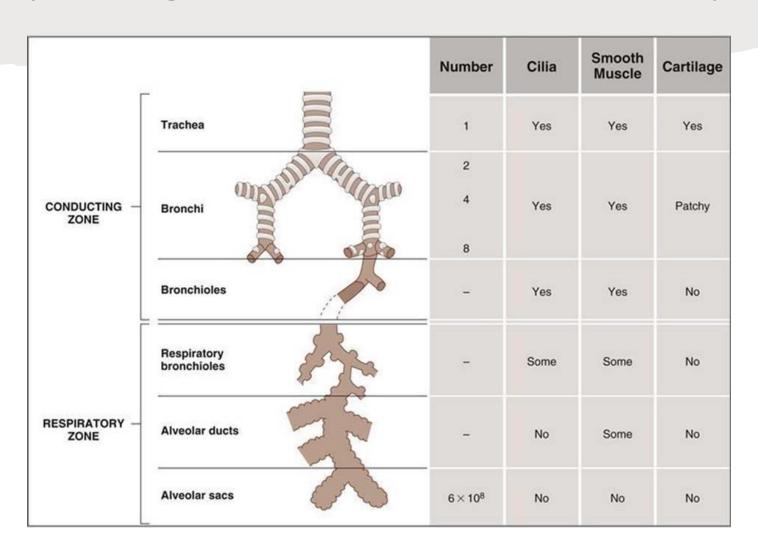
inferior lobar bronchus

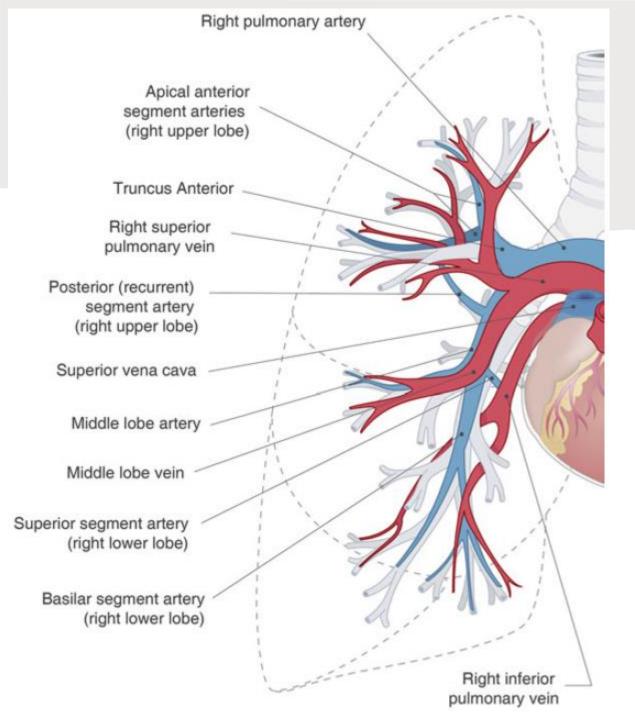
 $\downarrow$ 

**Basal segments** 



### Physiological Structure of Airway





### Arterial Blood Supply

Right pulmonary artery

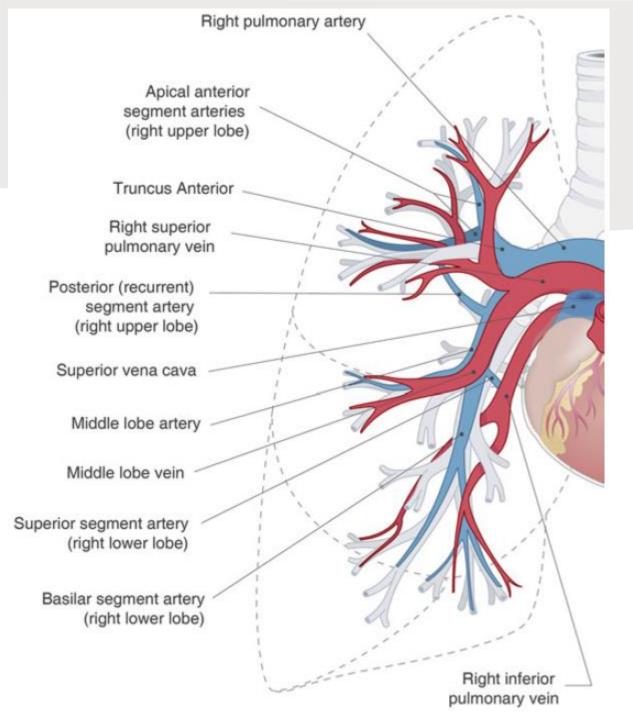
Middle lobe artery

 $\downarrow$ 

 $\downarrow$ 

Sup. Seg. artery

Basilar seg. artery



#### Venous Blood Return

Right inferior pulmonary vein



Left atrium

### Anatomical Variations of 65 Right Lungs

Right lung (n=65)	
Feature	No. (%)
Incomplete oblique fissure	2 (3.07)
Incomplete horizontal fissure	23 (35.38)
Absence of horizontal fissure	2 (23.07)
Absence of oblique fissure	0 (0)
Two arteries in the hilum	44 (67.69)
Three arteries in the hilum	2 (3.07)
One artery in hilum	19 (29.23)
Two veins in the hilum	41 (63.07)
Three veins in the hilum	21 (32.30)
More than 3 veins in the hilum	3 (4.61)
Accessary fissure	3 (4.61)
Four lobes	3 (4.61)
Two bronchi in hilum	64 (98.46)
Three bronchi in the hilum	1 (1.53)
Artery in the oblique fissure	2 (3.07)

#### Surgical treatment

- Right lower lobectomy (open)
- Right lower lobectomy (VATS)
- Right superior segmentectomy
- Right basilar segmentectomy

#### Right Lower Lobectomy (open and VATS)

#### Indications:

- Clinical stage I nonsmall cell lung cancer (NSCLC)
- Uncharacterized but suspicious pulmonary nodules which are not amenable to wedge resection
- Mycetoma contained in the lung parenchyma
- Atypical mycobacterial infections causing destruction of the majority of the parenchyma of the lobe intended for resection
- Pulmonary sequestration

#### **Relative Contraindications:**

- NSCLC higher than stage I
- Tumors invading the chest wall
- Tumors invading the hilum
- NSCLC with macroscopic lymph node involvement
- Failure to progress after a reasonable time with the VATS approach
- Aberrant vascular or bronchial anatomy
- Complete pleural symphysis

### Right Lower Lobectomy (open and VATS)

#### Preop Workup:

#### Always:

- Spirometry
- Diffusion capacity
- Myocardial stress test
- Echocardiogram

#### Occasional:

- Quantitative perfusion scanning
- Six-minute walk
- Stair climb

### Right Superior and Basilar Segmentectomy

#### Indications:

- Benign disease: Pathology within segment
- Metastatic disease: Pathology inadequately resected with a wedge resection
- Primary lung cancer: Early stage disease following sound oncologic principles
  - Absence of lymph node metastases
  - Adequate parenchymal margins
  - Unable to tolerate a lobectomy

#### **Relative Contraindications:**

- Pathology not adequately treated with a segmental margin
- Lymph node metastases
- Adhesions (relative)

#### References

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